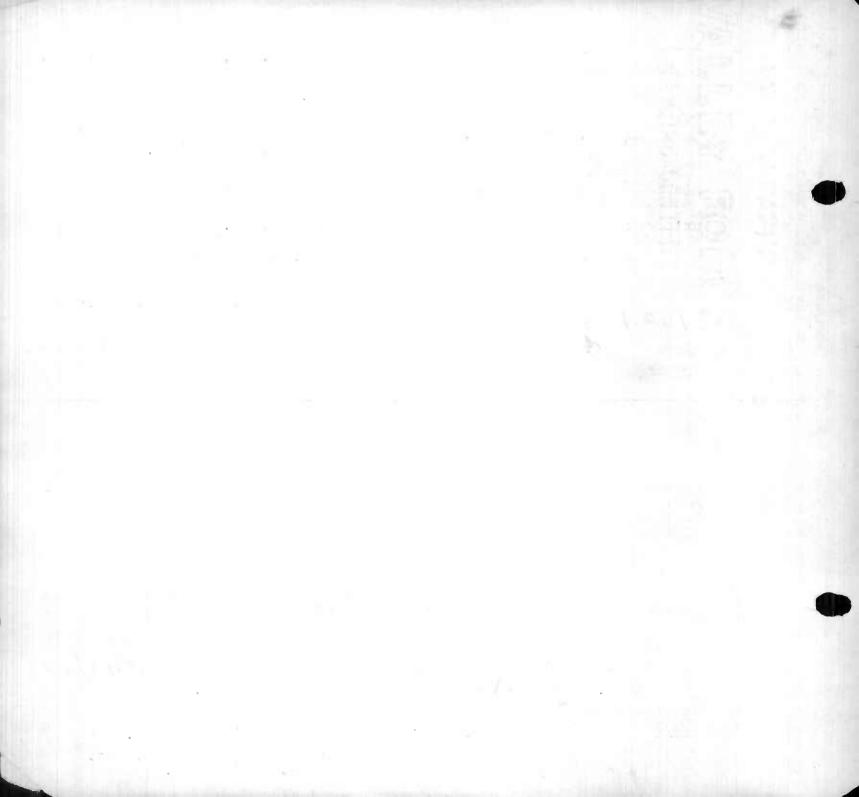
V\$ 150-REV. 1/1/65

M.E. CASE NO.	CLASED			TE OF DEATH	ID HOUR OF DEATH		
Type of Print)  ROSARIA SICA				Oct	ober 16,	1967	10:45
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)				4. USUAL RESIDENCE (Whe	ITY	nstitution; lesiden	ce before odmis
				Md., 212	206 tside city limits, write <sub>l</sub>	RUR L and give	township)
Hopkins Hospital			Baltimo	re	with long !	× 4 1	
33	nopitalis ne	,opita			rural, give lacation)		
S S EX	6. RACE	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH 10/5/1885	9. AGE (tn years lost birthdoy)	If Under 1 Yr Months; Doys	If Under 24 Hours Mi
female	white	Wl	dowed	10/3/1003	82		
	CUPATION (Give kind of work f working life, even if retired)	10B, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN C	OUNTRY?
Housew:		at	home	Italy		Ita	aly
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME		
	Girdan	10		unknow	n		V III.
5. Wos Deceose	d Ever in U. S. Armed For	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			DRESS
STATE OF STREET	yes, give wor or dole	- 0. 00(VICE/	JECORITI NO.	Frank Sica,	son, 5504	4 Knell	Ave.,
1B. //	5 / 1		CAUSE O	F DEATH			VAL BETWEEN
DISEA	ASE OR CONDITION DIR	ECTI Y		rio selenotic	P)		T AND DEATH
TISE to I	ANTECEDENT CAUSES  OR CONDITIONS, illustrate de couse (A)  IG CONDITION lost.  II  NIFICANT CONDITIONS C	stating the	(C)				
TO THE	DEATH BUT NOT RELA R CONDITION CAUSING 1 OF OPERATION 198, CON	TED TO TH	1E	20 A. AUTOPSY? (Yes or No	DI 20B. IF YES, WERE	FINDINGS CON	ISIDERED
0	WAS PERI	ORMED			IN CERTIFYING CA	AUSES OF DEAT	H?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examiner)	hor etc	ne, form, factory, street, of	n or about 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If in Bottimo	re City, give exo	ct tocotion)
21 D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)		W		· .			
22 Loostif	y that (!) (this haspital	) ottended t	the deceased from		1951 to 0	et 10	1967
			0 , 1/	17			
thot (I) tout	a) lost sow the deceose	a alive on		ond th	notin (my) ( <del>evs)</del> op	ilnion death oc	curred on the
ond hour or	nd from the couses stat	ed obave. (	1) ( <del>We) (did</del> ) (did not) v	iew the body ofter deoth.			
23A GNAT	URE 1 1 . (			N. Committee of the com		23 B. DATE SIC	SNED
2112	med I Min	ro Di	M.D. Atte	ending Med.	Stoff Phys.	10/1	8/67
23C. PHYSICI	(Tyne)	C I		23D. ADDRESS 6505	York Road	1	/0/
	Dr. Thoma	as L.	Morsley, Jr. B.	x2960xxddeme			
4A BILDIAL CO	EAA ATION 1249 DATE	10.40.64	AAAE at CEAAETERY CO	TALATORY DIE	OCATION "	"it. to	(Sto
4A. BURIAL CR REMOVAL	(Specify)		AME of CEMETERY of CR			City, town, or cou	unty) (Sto
Buria	(Specify)	/67 H	AME of CEMETERY of CRI OLY Redeemed		Baltimore	, Md.	(Sto

R. Johnson Caker Warren Son Lame L. Clevely

M.E. CASE NO.  1. NAME OF DEC (Type or Print)		TO ANTE DISEASON T		HOUR OF DEATH		
		FRANK DIMATTEI		18, 1967	12:05 a.	
FULL NAME (		or institution, give street	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY  Md. 21205			
HOSPITAL OR	oddress or locotion		C. CITY OF TOWN (If outs Baltimor	ide city limits, write	RURAL and give township)	
00	2912 E. Mac	itson St.	D. STREET ADDRESS (If re 2912 E.	Madison S	St.	
male	6. RACE white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married		AGE (In years ost birthdoy) 78	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
	working life, even if retired)	Madden Cafe	Baltimore,		12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NA			14. MOTHER'S MAIDEN NAM			
	Octavio DiM	Mattei	Margaret	Schmidt		
	d Ever in U. S. Armed For n) (II yes, give wor or dote	s of service) SECURITY NO.	17. INFORMANT		ADDRESS	
1B. / / -		213-05-2239 A	Agnes Pokorn	ey DiMat1	tei, wife, above	
1 6 15	2 , /		DE DEATH		ONSET AND DEATH	
DISEA	SE OR CONDITION DIE	RECTLY	ronchio gence	Carron	-7 mind	
	nol meon the made of	0,1119, 0191,	1-1011011011	COCCA	7796	
	, asthenia, etc. It means mplication which caused					
	ANTECEDENT CAUSES	(8)				
				*****************		
DISEASES	OR CONDITIONS, if	DUE TO	<del></del>	*******************************		
rise to th	OR CONDITIONS, if the abave cause (A) G CONDITION last,	any, giving				
other sign to the to	ie abave cause (A)	any, giving sloting lhe (C) CONTRIBUTING ATED TO THE				
OTHER SIGN TO THE DISEASE OR	e abave cause (A) G CONDITION last.  II  IIIFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED	
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OTHER SIGN TO THE ED DISEASE OR OR CONTRIB DEATH (notification of injury (APPROX.)  22. I certify that (I) (we and hour gr	INTERPOLATION (ASI)  INTERPOLATION (ASI)  INTERPOLATION (ASI)  INTERPOLATION (ASI)  INTERPOLATION (ASI)  FOPERATION (ASI)  FOPERATION (ASI)  INTERPOLATION (ASI)  INTERPOLATION (ASI)  (Month) (Day) (Year)  INTERPOLATION (Year)	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hout)  21 E. INJURY OCCURRED  While At Not Wh Work  At Work  I) attended the deceased fram et of olive on	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJU 19 57 ond tha view the bady ofter deoth.	20B, IF YES, WERE IN CERTIFYING CA  (If in Boltimor  RY OCCUR?  t in (my) (our) opi	re City, give exact location)  19 6 7	
mise to the UN DERLYIN  OTHER SIGN TO THE EDISEASE OR 19.A. DATE OF THE LOW TO THE LOW T	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving sloting the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Whork At Work  I) attended the deceased fram ted obove. (1) (We) (did) (did not)  M.D. At M.D.	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJU 23F. ADDRESS Medical Arts	20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimor  RY OCCUR?  t in (my) (our) opi  thys.   Bldg.	re City, give exact location)  19 6 7	
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hospital

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IMPORTANT

DIRECTOR:

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LOTHERAN HOSPITAL

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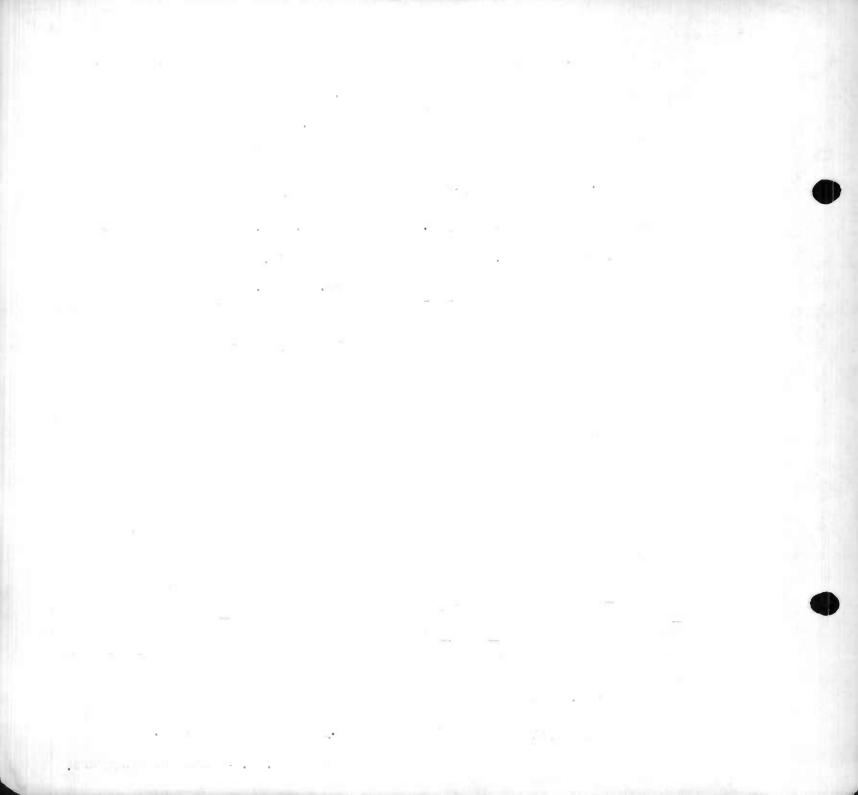
## 67 10004 BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO,	M	EDICAL	EXAMINER'S	CERTIFICA	TE OF D	EATH Register	red No.	
	E CASE NO.								
1. (Ty	Pe or Print)	CEASED					HOUR PRONOUNCE		
	PETER			BREV:					
		IMORE MARYLAN			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE Maryland				
HC	LL NAME OF	ADDRESS OR	LOCATION)	TITUTION, GIVE STREET	c. city or to		corporate limits, write	RURAL and give township)	
1	903 La	ke Drive	, Apt #11	Ξ.	D. STREET ADD	RESS (If ruiol,			
-	- PV	L DAGE	1=			Lake Dri		E	
5. :	Male	6. RACE White	WIDOWE	D, DIVORCED (specify)	8. DATE OF BIRT	11893	9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
_				OF BUSINESS OR INDUST	RY II. BIRTHPLACE	(State or foreign	/ /	12. CITIZEN OF	
don	e during most of v	vorking life, even if re	tired)	0.01	Delena	note		WHAT COUNTRY?	
13.	FATHER'S NAN	NE	Jh!	pping	14. MOTHER'S M	AIDEN NAME			
	11.1				11. 11				
15.		VOWN D EVER IN U.S. A	BAAED EODCES?	16. SO CIAL	17. INFORMANT	WN		ADDRESS	
(Ye	s, no or unknown)	(If yes, give wor o	or dotes of service	SECURITY NO.	1000	-	775 2.1		
				994-16-92051	y.I.Hve	NIX	ATE 12/11	Imirest-21202	
	18. 148	X		CAUS	SE OF DEATH			ONSET AND DEATH	
	DISEAS	SE OR CONDITIO	N DIRECTLY	0	C ml				
	heon tollure,	not mean the mo- osthenia, etc. It implication which co	de of dying, e	.C. DIIC TO	noma of Th	roat			
		OR CONDITIONS		IG (B)					
	RISE TO TH	E ABOVE CAUSE	(A) STATING TI	1E					
Z				(C)					
CERTIFICATION	TO THE	II  NIFICANT CONDIT  DEATH BUT NO	T RELATED TO			37.1			
CERTI	19A. DATE OF			OR WHICH OPERATION			20B. IF YES, WERE FIN		
	21 A EXTERNA	L CAUSE WAS		ID DIACE OF INITIDY (	No.	AVUEDE DID. (	Ch. Baleina Ch.		
EDICAL	UNDERLYING UTING CAU	OR CONTRIB-	h	1B. PLACE OF INJURY (e.g. ome, form, factory, street, tc.)	office bldg., INJUR	Y OCCUR?	i in Politimore City, giv	e exoct loconon)	
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy)	(Year) (Hour)	21E. INJURY OCCURRED	21F. H	OM DID INJU	RY OCCUR?		
	22,			m. WORK AT	WORK				
		ify that I held o ted frame Nature					s basis, death in m		
	16501	Ted Irdin	ar couses [2]	Accident Suici		EDICAL EX	ndetermined manne	· F	
	ACTUAL		ugh.	905/- Mi				DATE SIGNED	
	EXAMIN NAME (	ER'S Wern	er U. Sp		ASSOCIATE M	EDICAL EX	AMINER	10/17/67	
	BURIAL CRE		TE /	C. NAME of CEMETERY	or CREMATORY	23 D. LC	CATION (City,	town, or county) (State)	
(	Reman	how 101	20/67	Loudon to	4RK	13/	21/2.	Md.	
24/	A. DATE REC'D	BY HEALTH DEPT.	24B, N A	ME OF REGISTRAR	1-1	AL DIRECTOR		ADDRESS	
	Q	CT 2.0 1967	1 A Day	+ E. Jalle	Mitale	e. 410	1 Falmon	dson Are	
VS	151-REV. 1/1/	65	-	ght.	0	13 /3 E	-1		

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MIL CASE NO.	10005 CERTIFICA			67 1000	
I. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEAT	Н	
Paul Dukeha		Octo	ber 16, 19	67   3:25 F	
FULL NAME OF (If not in hospital o	YLAND  r institution, give street	October 16, 1967   3:25 P  USUAL RESIDENCE (Where deceased lived, If institution: residence before admissi B. COUNTY Md.			
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If our Balto.	side city limits	RUKAL and give township)	
700 Hunting Pi	rac e	700 Hunting	rurol, give location) Place	1	
M Cauc.	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	April 28/08	9. AGE (In years lost birthday)	Months Days Hours M	
IDA. USUAL OCCUPATION (Give kind of work) Idane during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
President	Dukehart Co.	Balto., Md.		BBA	
3. FATHERS NAME	. C	14. MOTHER'S MAIDEN NA			
John M. Dukehart	t, Sr.	Rose E.			
5. Was Deceased Ever in U. S. Armed Forc. Yes, no or unknown) (II yes, give war or dates		17. INFORMANT Mrs. Mary E. 700 Hunting	Dukehart Place	ADDRESS	
18.44 0 0	CAUSE O			INTERVAL BETWEEN	
DISEASE OF CONDITION DIRE	CTLY			ONSET AND DEATH	
LEADING TO DEATH	(A) Cere	ebral thrombo	sis	7 weeks	
(This does not meon the mode of	dying, e.g., DUE TO		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
heort foilure, osthenio, etc. It meons to injury or complication which caused to	t at s				
ANTECEDENT CAUSES	(B) Arte	ningalementia !	DOOD IS TEN	se 5 yrs+	
		TOBATATOUT	O A GIBESS	C VIST	
DISEASES OR CONDITIONS :		riosclerotic	ov diseas	J. J. J. S.	
DISEASES OR CONDITIONS, if or tise to the obove couse (A) UNDERLYING CONDITION lost.	ny, giv <del>i</del> ng	TUBULET UTLE			
rise to the obove couse (A) UNDERLYING CONDITION lost.	ny, giving sloting the (C)  ONTRIBUTING TED TO THE				
rise to the obove couse (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ONTRIBUTING TO THE  DITION FOR WHICH OPERATION				
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BALTIMORE STY HEAL	TH DEPARTMENT 67 40006			
BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No. 10006			
M.E. CASE NO.	X			
1. NAME OF DECEASED (Herman)	2. DATE AND HOUR PRONOUNCED DEAD			
LIOYD AX. ALLYN	October 10, 1967 3:55 p M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Colorado			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
NV31101101V	St Pueblo / -05			
21 S. Breadway	D. STREET AGURESS (If rural, give location)			
0 0	1117 Blake St.			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Manths, Days, Hours, Min.			
Male White Married	Jan. 30, 1927 40			
TOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE   State or foreign country)   12. CITIZEN OF			
done during most of working life, even if retired)  Career Soldier  U.S.Army	WHAT COUNTRY?			
Career Soldier U.S.Army	Presho, S.D. U.S.A.			
Fibort C Allem				
Elbert G. Allyn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Dorothy Herman			
(Yes, no ar unknown), (If yes, give war ar dates of service)   SECURITY NO.				
Yes 1946 to present	Breece F. H. Fayetteville, N. C.			
E 70 7,11 4 9 / 4,0	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
(This does not mean the made of dying an (A) ACUL	e purulent meningitis			
heart failure, astheria, etc. It means the disease, injury or complication which coused death.)				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ALEXANDRA CONTRACTOR			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Skull Fracture			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
	YES IN CERTIFYING CAUSES OF DEATH?			
✓ 21 A. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIB-  218. PLACE OF INJURY (e.g., home, form, foctory, steet, or	in or obout 21C. WHERE DID Iff in Boltimore City, give exact location)  ffice bldg., NJURY OCCUR?			
Oling Cause of Death.				
E 21D TIME (Month) (Doy) (Year)  Hour)  21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
	WHILE IN andrews			
	ORK Unknown			
22. I certify that I held an Inquiry Inspection Aut	apsy X and that an this basis, death In my apinlan			
resulted fram: Natural causes Accident Suicid				
Accident Social				
ACTUAL PALLED A TIME	CHIEF MEDICAL EXAMINER DATE SIGNED			
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER			
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER			
NAME (Type)  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	r CREMATORY 23D. LOCATION ICity, town, ar county) (State)			
REMOVAL (Specify)	Tony, lowing a cooling, Colone,			

10/18/67 Cross Creek Cemetery Cumberland Co., M N.C.
DEPT. 248. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
Wm. Cook-Brooks, Inc. 1217 St. Pau VS 151-REV. 1/1/65

Removal

Wm. Cook-Brooks, Inc. 1217 St. Paul St.

A Control of the Cont

\$ F 620	BIRTH NO. 67 10007 CERTIFICATE OF DEATH Registered No.	67 10007
and the the	M.E. CASE NO.	1//
	(Type or Print)    C   E   ROCK    3. PLACE OF DEATH IN BALTIMORE, MARYLAND   4. USUAL RESIDENCE (Where deceased lived. If insti	1.75 // M.
Spine Spine	A. STATE B. COUNTY	2 - 2 An y
h 3	FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR oddiess or location) INSTITUTION (If outside city limits, write RU	RAL ond give township)
S CHIEBER	D. STREET ADDRESS (If Iurol, give, location)	
rating of call	11 38 TH. CALVERT 1662 - COld SABI.	119 LANE
occurr ntribu regula ased s mad	CAUCIOIAN wed 11618	Months Doys Hours Min.
th co	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
Jorden Jean Or	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	NO14.
(4) Ithereses	DENNIS	
AN Anitant e diind; eath al di di di	15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT	ADDRESS
fin de Hand	No 364-09-3969 MRS. LILLAN	LAYLOR SAME
PO if if any if any if	DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
or handle of Also Also ante ante med		ene
R: A: C.	(This does not meon the mode of dying, explication of the discount injury or camplication which coused dealth)	
min min frace po p gould	ANTECEDENT CAUSES (B)	
ECI Kan	DISEASES OR CONDITIONS, if any, giving	
A Cale	UNDERLYING CONDITION lost.	w.K.lou
L Di edical dical urns; /sicia	Z STURE CONTROL CONTROL CONTROL CONTROL	
RA R	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
N N N N N N N N N N N N N N N N N N N	198. CONDITION FOR WHICH SERATION 20A. AUTOPSY? (Y s or No) 20B. IF YES, WERE FII IN CERTIFYING CALL	NDINGS CONSIDERED SES OF DEATH?
FU the call by (2)	U 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID	City, give exoct location)
No N	DEATH (notify medical examinate teles) NURSING Home. Isould Newtong A	tome (no address,
ed l pt of pt (6)	OF INJURY While At Not While	F.011
he he way	22. I certify that (1) ((his hospital) attended the deceosed fram / 0/3 196 2 to /	0/6 196).
4 dp	that (1) (we) ast saw the deceased alive an 10/16 19 (g) and that in (my) (opr) apini	on death accurred an the date
t be a sed to sent of spital eath)	and hour and from the causes stoted obave. (1) (We) (did) (did nat) view the bady after death.	
ide hos	M.D. Attending Med. Stoff	10/16/67
acc acc	COO BLING CLASS	0 11
rificate y was r (1) An a 0.A. at d prior approv	ROBERT P DOYLE M.D. PHELUNION MEMORIAL HOS	SPITAL/OSP.
1 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		, town, or county) (Stote)
This cert the body shows: ( was D.O decease	Burial 10/19/67 Loudon Park Baltimore, Md.	ADDRESS
This the show was dece	25A. DATE REC'D BY HEALTH DEPT.  OCT 20 1967  Cook-Brooks, Inc. 12	
	VS 150-REV, 1/1/65	

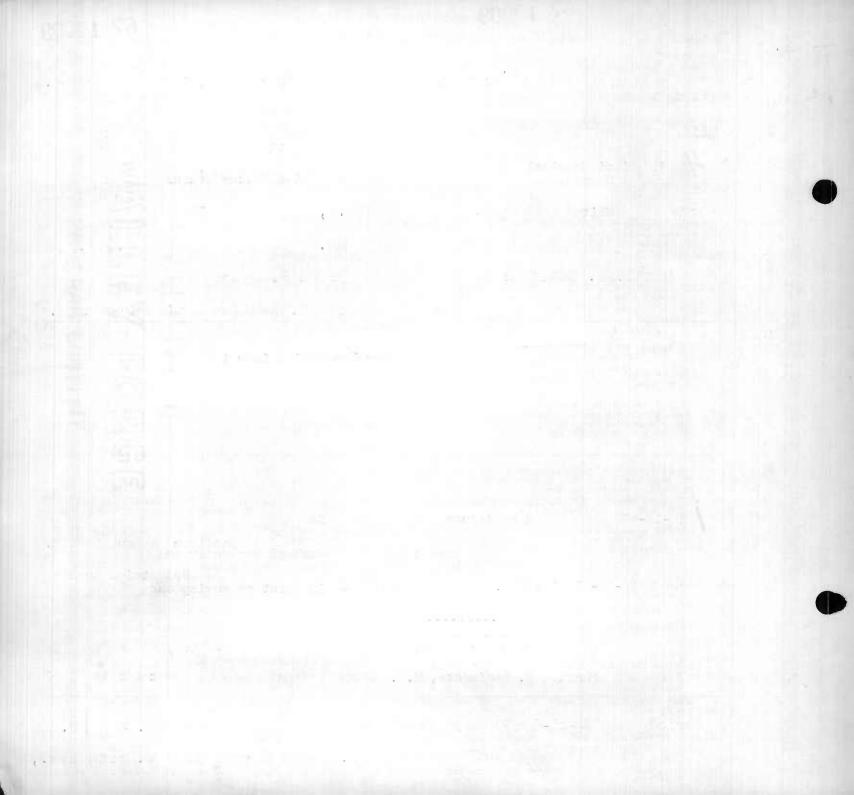
) 2127		BALTIMORE CITY HEA	LIH DEPAKIMENI		CM AMPON
	H NO. 67 10008,	CERTIFICATE	OF DEATH	Registered No.	10008
1. N	AME OF DECEASED MUSIC	(1)	2. DATE ANI	HOUR OF DEATH	1/25
3. 1	LACE OF DEATH IN BARTIMORE, MARYLAND	A. S	SUAL RESIDENCE (When		stitution: residence before admission
	OLL NAME OF (If not in hospital or institution, give address or location) NSTITUTION		CITY OR TOWN III out	side city limits, whe l	RURAL and give tawnship)
	this Jokkins	Mapuaes	TREST ADDRESS (If r	mary Mary	land
15	6. RACE 7. MARRIED, NE WIDOWED, TO	VER MARRIED B. DE	7-9-08	ost birthday	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min,
	. USUAL OCCUPATION (Give kind of work 108, KIND OF BU eduring most of working life, even if retired)	USINESS OR INDUSTRY 11. B	RTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY? USA
3.	FATHER'S NAME	14. A	MOTHER'S MAIDEN NAM	A E	
5. Y e	NICHOLAS COE Was Deceased Ever in U. S. Armed Farces? In a or unknown) (If yes, give war or dates at service)	SOCIAL 17. IN	KATY MO	ORE	ADDRESS
	18.	CAUSE OF DE	Hospital	recofds	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			2005	ONSET AND DEATH
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	andial inf.	ALCITON	7 100 7
	injury or complication which caused death,)  ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) Cono	nany occ	lusion	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	chronic bron	chit is and	em physe	40
ERTIFICA	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED		OA. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED
AL CER	21 A. ACCIDENT WAS UNDERLYING   21 B. PL	ACE OF INJURY (e.g., in ar a farm, factory, street, office b	bout 21 C. WHERE DID	(If in Baltimare	e City, give exoct lacation)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	IJURY OCCURRED  At Not While	21F. HOW DID INJU	JRY OCCUR?	
	22. 1 certify that (1) (this haspital) attended the	deceased from OCT		,67 to 0e	**************************************
	that (1) (we) lost saw the deceased alive an	Oct 18		at in (my) (our) opi	nian deoth occurred on the do
	23A. SIGNATURE	M.D. Attending		Staff Phys.	18 Oct 67
	Chayles J. Of son				
	23C. PHYSICIAN'S NAME (Type)		ADDRESS	of U.S.A	
24/	CHARLES D. S'		THE JOHN	IS HOPKINS	S HOSPITAL  (State)
	CHARLES D. S. BURIAL CREMATION, 248. DATE 24C. NAM	TEWART M.D. E of CEMETERY of CREMATE D11 Creg Memori	THE JOHN	IS HOPKINS	ity, town, ar county) (State)

myse made at infanction ACTERIORS CHARLE SOUTH commend accounting Chrome Bereitet is and Employeen 18 301 64

VS 151-REV, 1/1/65

67 1000 SALTIMORE CITY HEALTH DEPARTMENT

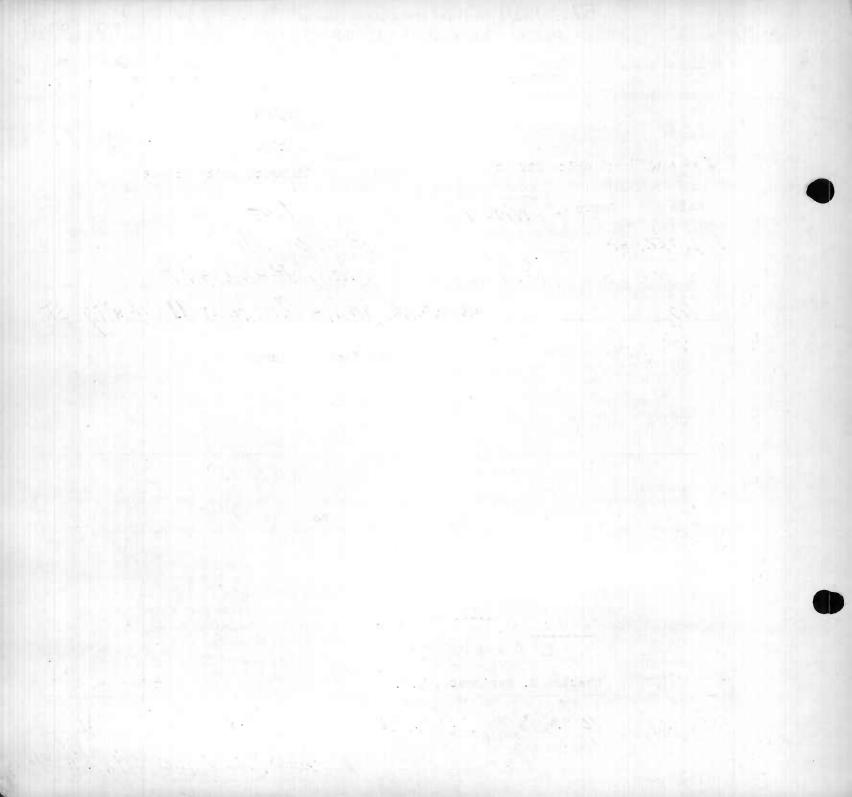
		7.4		ALTIMORE CITY HEAL			67 10000
BIR	H NO.	MED	ICAL EX	AMINER'S C	ERTIFICATE (	OF DEATH Registe	red No. 19009
M.	CASE NO.						
1. ITy	NAME OF DEC	CEASED ROBE	RT ST	AUFFER		october 18, 1967	
3. F	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If insti	tution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Mary	yland I autside carparale limits, wille			
	42	Sinai Hospit	al		D. STREET ADDRESS		20-01
5. 5	EV	I BACE	7 44 4 88150	NEWSD ALADRIED	B. DATE OF BIRTH	Newton Avenue	TH 31-1-1 2 W 11 1 2 2 H
3. 3	EX	6. RACE	WIDO WED,	NEVER MARRIED DIVORCED(specily)		9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Manths   Days   Haurs   Min.
	Male_	White	Sing	rle	Nov.8,1959		
		JPATION (Give kind of worl warking life, even if retired)	TOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole	or loreign country)	12. CITIZEN OF WHAT COUNTRY?
	Studen				Md.		U.S.A.
13.	ATHER'S NAM	N.E.			14. MOTHER'S MAIDEN	NAME	
	Don	ald E. Star	iffer		Norma E	. Jones	
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
1163	no	, in yes, give war ar agie	s of service/	none	Donald E.S	stauffer 4108	Newton Ave.
	1B. /	0. 4.		CAUSE	OF DEATH	4	INTERVAL BETWEEN
	DISEA	SE OR CONDITION DI	DECTI V				ONSET AND DEATH
		LEADING TO DEATH		(A) C	erebrocranial	linjuries	100
	(This daes theart failure,	nat mean the made of asthenia, etc. It means	dying, e.g., the disease,	DUE TO	*****		
	injury at car	mplication which caused	death.)				A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	A	NTECEDENT CAUSE	S				
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	· · · · · · · · · · · · · · · · · · ·	***************************************	
	UNDERLYIN	E ABOVE CAUSE (A) ST NG CONDITION LAST.	IATING THE				
Z				(C)		**************************************	
Ĕ		11	CONTRIBUTE				
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	LATED TO TI			••••	
CERT	194. DATE OF	OPERATION 198, CON WAS PER	FORMED HEAD I		20A. AUTOPSY? (Yes	OI NO) 208, IF YES, WERE FIN	IDINGS CONSIDERED SES OF DEATH?
4		CAUSE WAS	21 B. I	PLACE OF INJURY (e.a.	in at about 21C. WHERE	DID (II in Baltimare City, give	ve exact (acation)
MEDICA	UTING CAU	SE OF DEATH.	hame, etc.)	street	office bldg., INJURY OCC		Avenue 168 ft.
Σ	21D TIME	(Manth) (Day) (Year	) (Haut) 2	E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	attion auchod
	OF INJURY (APPROX.)	10-18-67 12	:30 Pm. W	HILE AT NOT	WHILE X in fro	ont of moving ca	est <b>ria</b> n pushed d
	22. 1 cer	tify that I held an I	nquiry 🗌	Inspection X Aut	apsy and that	an this basis, death in m	ny apinion
	resul	ted from: Natural co	uses A	ccident X Suicid	e Homicide	Undetermined monne	er 🗌
	ACTUA		0	1- 1		AL EXAMINER	DATE SIGNED
	SIGNAT		4. 9		ASSISTANT MEDIC		10 1067
	EXAMIN NAME (		S. Spr	ingate, M.D.	ASSOCIATE MEDIC	AL EXAMINER O	ctober 19, 1967
	BURIAL CRE		230	. NAME of CEMETERY of	CREMATORY	23D. LOCATION (City,	tawn, ar county) (State)
	Burial	10-21-	1967	Good Shephe	ard	Howand (	o Ma
244		BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL DIE	RECTOR	ADDRESS
		OCT 2 0 1967	Robert	of E. Jahrey M.	G. Howard	Strong 3207	W.North Ave.,



BIRTH NO.

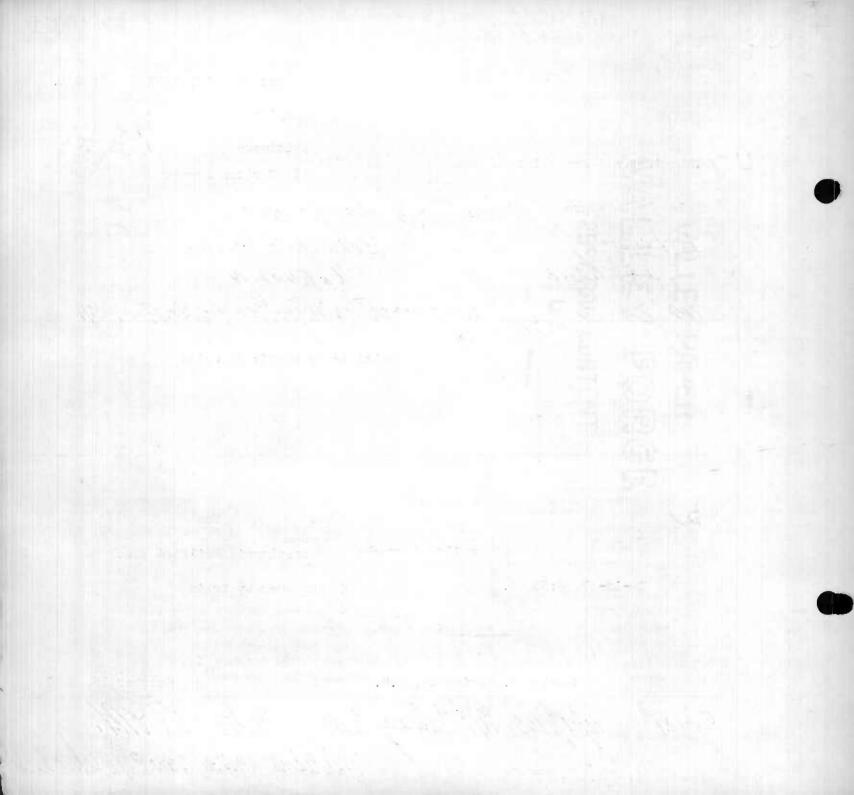
## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10010

	CERTIFICATE OF DEATH REGISTERED NO.
M.E. CASE NO.  1. NAME OF DECEASED	2, DATE AND HOUR PRONOUNCED DEAD
(Type or Print)  HERBERT HARDEN	October 18, 1967 11:40 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township)
00	Baltimore  D. STREET ADDRESS (If rurol, give locosion)
11 North Amity Street	11 North Amity Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIPOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUS	
3. FATHER'S NAME	Mother's Maiden NAME MOTHER BENNEYT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grynknown) (If yes, give wor or doles of service)	17. INFORMANT ADDRESS  ADDRESS  ADDRESS  ADDRESS
118, CAL	USE OF DEATH INTERVAL BETWEEN
100	OMSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carcinoma of lung
(This does not meon the mode of dying e.g., head follows, asthenia, etc., it means the disease, injury or complication which caused death.)	
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e. home, form, foctory, sheet etc.)	.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) it, office bldg., NJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRE OF INJURY (APPROX.)	ED 21F, HOW DID INJURY OCCUR? OT WHILE TWORK
22.	Autopsy and that on this basis, death in my opinion
resulted fram: Natural causes X Accident Suice	cide Hamicide Undetermined manner
ACTUAL Clinto S. Sint M	CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER October 19, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETER CONTROL OF THE CONTROL OF T	ony Cem; Ceder Hill 4/14.
OCT 20 1967 Robert E, Farley M.	24C. FUNERAL DIRECTOR ADDRESS
VS 151-REV. 1/1/65	



## 67 10011 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10011

A.E. CASE NO.	MEDI	ZAL EXAMINATIO C	LKIIICAIL	DI DEATH Negree	
. NAME OF DECEASED			2. DA	TE AND HOUR PRONOUNC	CED DEAD
Type ar Print)	JOHN	TROTTER	- 444	October 15, 19	9:05 A. M.
. PLACE IN BALTIMORE, MA	RYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE A. STATE	Where deceased lived. If ins B. CO	stitution: residence before admission UNTY
ULL NAME OF (IF NOT	IN HOSPITAL	OR INSTITUTION, GIVE STREET		yland	le RURAL opd give township
OSPITAL OR ADDRE	SS OR LOCAT	ON)			1 C 62
			D. STREET ADDRESS	timore	10
W. Lexington &	Frankli	ntown Road		Carlton Street	
. SEX 6. RACE	7	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	
Male N	egro	MIDOWED, DIVORCED (specify)	March 8,1	RRY 80	Manths, Days, Hours, Min.
IA, USUAL OCCUPATION (Gi		B KIND OF BURNESS-OR NOUSTR	Y 11. BIRTHPLACE (Sale	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Locponen	ven it retired)		Brunswi	12 Co. Voz.	WITAT COOKING
FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
WNAN	NOWN		WAKN	OWN	
es, no or wiknown) (If yes, give			17. INFORMANT	. 1.1	ADDRESS
NO		219-10-7580	MAIN W. /re	7118h 405/110n	ytony SX
18 X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CON	IDITION DIRE	CTLY			ONSE! AND DEATH
LEADING	TO DEATH	(A) Mt	ultiple traum	atic injuries	
(This does not mean theort failure, asthenia, e	tc. It means t	he disease, DUE TO			
injury or complication w	nich coused de	ain.,			
	T CAUSES	(B)			
DISEASES OR CONDI	AUSE (A) STA	Y, GIVING DUE TO			
UNDERLYING CONDI	IION LAST.	(C)			······································
	II				
OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING			
OTHER SIGNIFICANT C TO THE DEATH BL DISEASE OR CONDITION					
19A. DATE OF OPERATION	WAS PERFO	ITION FOR WHICH OPERATION		or No. 208. IF YES, WERE F	
d			Yes	ies	
UNDERLYING GOR CONTI	NB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street,		UR?	give exact lacation)
	іп.	etc.) railroad tra	2011110	ylvania Railroa	ad Track #4
OF INJURY	(Doy) (Yeor)	(Hour) 21E INJURY OCCURRED		D INJURY OCCUR?	
10-15-	67 8:5	A. WHILE AT NOT	WHILE Run o	ver by train	
22. I certify that I	held an Inc	quiry Inspection Au	topsy X and that	on this bosis, death in	my opinion
resulted from:				Undetermined mont	
	1 1			AL EXAMINER	16(
ACTUAL /	Vision .	11-21			DATE SIGNED
SIGNATURE	way,	M.D	ASSISTANT MEDIC	AL EXAMINER A	
EXAMINER'S NAME (Type)	Charle	es S. Springate, M.I	ASSOCIATE MEDIC	AL EXAMINER (	October 16, 1967
SA. BURIAL CREMMATION.	23B. DATE	23C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION SCIN	y dayin or county) (Stote)
EMOVAL (Specify	1/1/1/10	1/17 MIX Makery	u Pom	CONIN VII	14/6
4A. DATE REC'D BY HEALTH	DEPT	248, NAME OF REGISTRAR	24C. FUNERAL DI	RECTOR THE	ADDRESS
	100= A		91/1/1/2	June Al	2 mm lalines
OCT 20	1967 (1	On & E. Falley	William	IS TUMUNAY /10	MOM My Marria



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DIRECTOR:

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1636 Moneland Ave February of 58 Halitax Co. Va. Dorz

Sec. 131 16 1

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UNION MEMORIAL MOSPITAL 3706 ors year Rong

06-22-86 CEWED W

CHRUYSAM WHILD IS SMA

MUDUSTRIP

MAN BETT LOS COMMENTS SHOWN THE PERSON

Carebra Vascular Accident

Arterios charosis

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Princes 16 October 19, 67

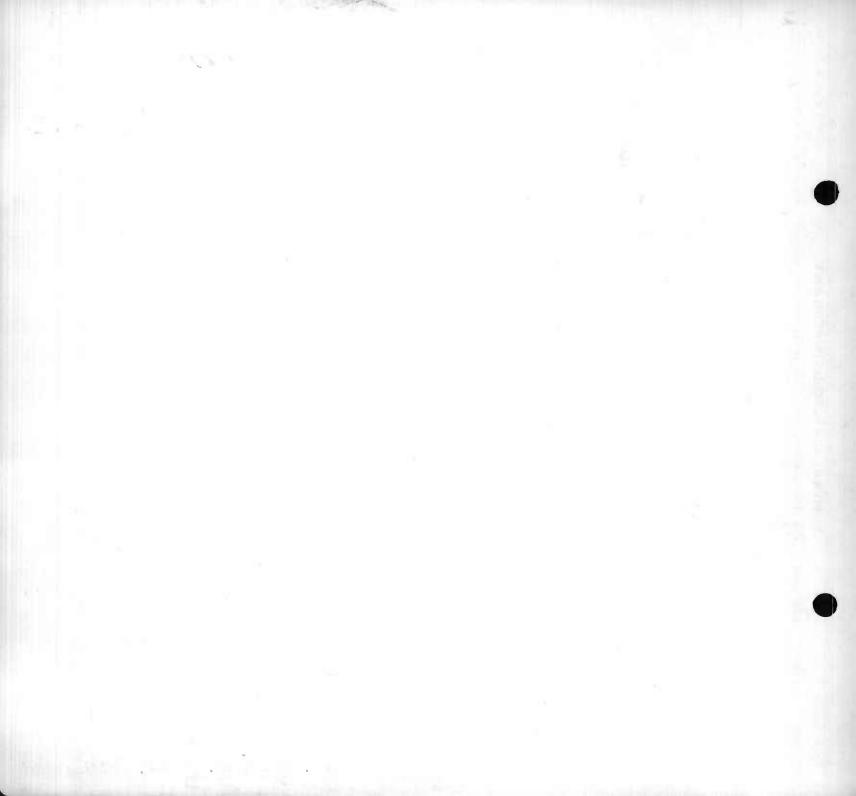
(28) Pl-12/20 MIGUEL SHUCKER PALEROS UDIER AREMORIAL AREP.TAL

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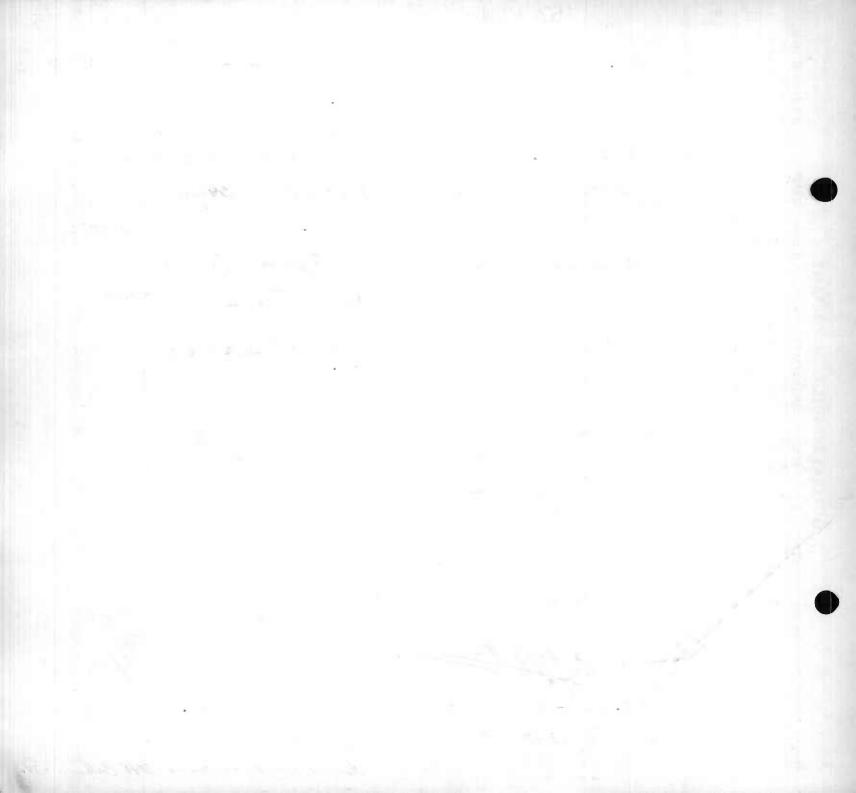
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DIRECTOR:

FUNERAL

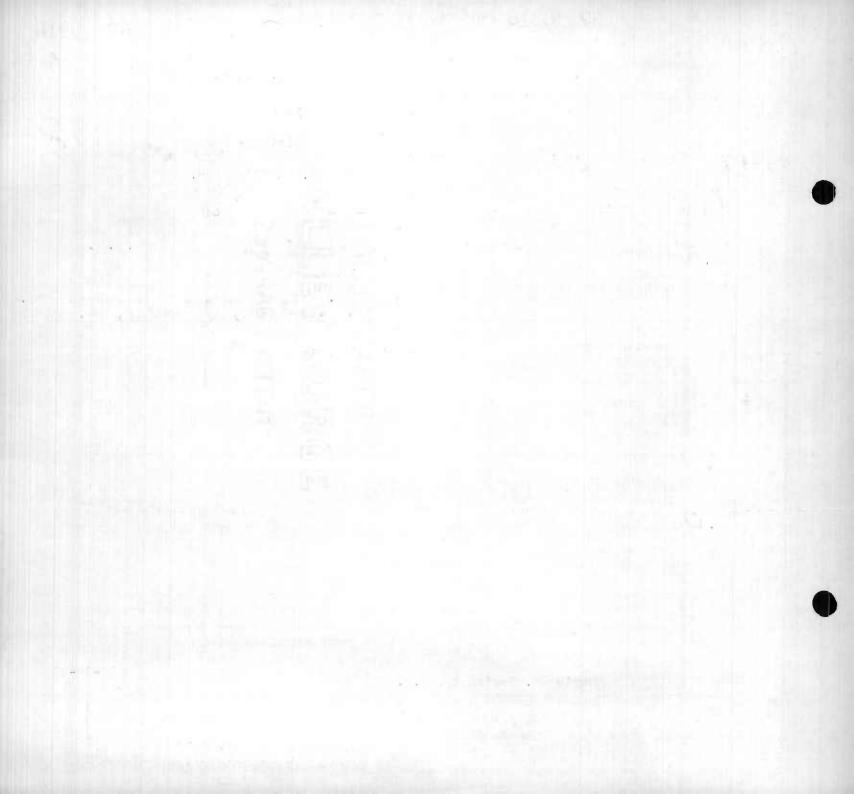


BIRTH NO.	67	10015		ATE OF DEA		67 10015
M.E. CASE NO.	CFASED				ATE AND HOUR OF DEAT	ш
Tunn as Print)	Mrs. Maude 1	"u alran		2. 0	10-19-67	6:35 m
. PLACE OF DI	EATH IN BALTIMORE, MAR	MAND		4. USUAL RESIDENCE	E (Where deceased lived. If	institution: residence before admissi
FULL NAME	OF Miles is besided as			Md.	. COUNTY	
HOSPITAL OR		r institution, give	e street		(If outside city limits, writ	e RURAL and give township)
				Baltimo		13-07
	dent Hospita			D. STREET ADDRESS	(If rural, give location)	
1514	Division St.			3414 Auc	hentoroly Te	rrence
. SEX			EVER MARRIED DIVORCED (specily)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 I Months: Doys Hours Min
F	Negro	Ma	rried	8-25-07	39 cm.	7.10.11.3
	CUPATION (Give kind of work )	OB, KIND OF BI	USINESS OR INDUST	RY 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most o	f working lile, even if retired)			Md.		America
3. FATHER'S NA	ME			14. MOTHER'S MAID		
	Richard U	1.6.11.				
5 Was Doors	d Ever in U. S. Armed Force				in laylor	ADDRESS SAME
les, no or unknow	(Il yes, give wor or dotes	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
No				Rurus T	ucker	DAME
18.	27.41		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION DIRE	CTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Pr	obable Act	te Pulamomar	v 2 hours
(This does	not mean the mode of a , asthenia, etc. It means t	dying, e.g.,	DUE TO	edema.		#
injury or co	mplicolian which caused o	death.)				
	ANTECEDENT CAUSES		(B)	~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~	# # 1 *** * * * * * * * * * * * * * * *	**************************************
DISEASES	OR CONDITIONS, if or	nv. aivina	001 10			The second second
rise ta I	he above couse (A)		(C)	******************************	*******	
UNDERLYIN	IG CONDITION lost,					
OTHER SIGN TO THE I	II  NIFICANT CONDITIONS CO  DEATH BUT NOT RELAT	NTRIBUTING				
DISEASE OF	CONDITION CAUSING IT.					
19A. DATE O	F OPERATION 198. COND		ICH OPERATION	20A. AUTOPSY? (Y	IN CERTIFYING	E FINDINGS CONSIDERED
OR CONTRIB	ENT WAS UNDERLYING	home,	larm, loctory, street,	olfice bldg., INJURY OC	CUR? (If in Boltim	ore City, give exact location)
U	y medical examiner)	etc.)				
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E. IN	IJURY OCCURRED	21 F. HOW (	DID INJURY OCCUR?	
(APPROX)		While	At Not W			
22 1	w that (1) (this hassital)				1067	3.0
	y that (i) (this hospital)		101 10			
	) lost sow the deceased		10/ 19			pinion deoth occurred on the
	nd from the couses state	d obove. (1) (	We) (did) (did not)	view the body ofter	death.	
23A. SIGNAT	URE 9	11/5				23 B. DATE SIGNED
	N1/1/1	11:00	M.D. A	hys. Med.	Stoff Phys.	10/19/67
23 C. PHYSICI	ANS	1		23D. ADDRESS		
NAME	Type)		M.I	0.		
AA BIIDIAL OB	Dr. Jean-C1:	aude Vi	ctor	1514 D	ivision St.	
REMOVAL		24C. NAM	E of CEMETERY OF	KEMATORY	24D. LOCATION	(City, town, or county) (State
BURIA	10-23-6	7 NE	W CATH.	ERAL CEM	BALTO.	, //d.
		SB. NAME OF	REGISTRAL	25C. FUNERAL DI	RECTOR	ADDRESS
	. ULI 20 1967	Or Cresto	E, Janker!	A KELSON /-	UNER AL Hom	= 1348 Palhoundas
'S 150-REV. 1/1	/65			100		CFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF



67 10016 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 10016

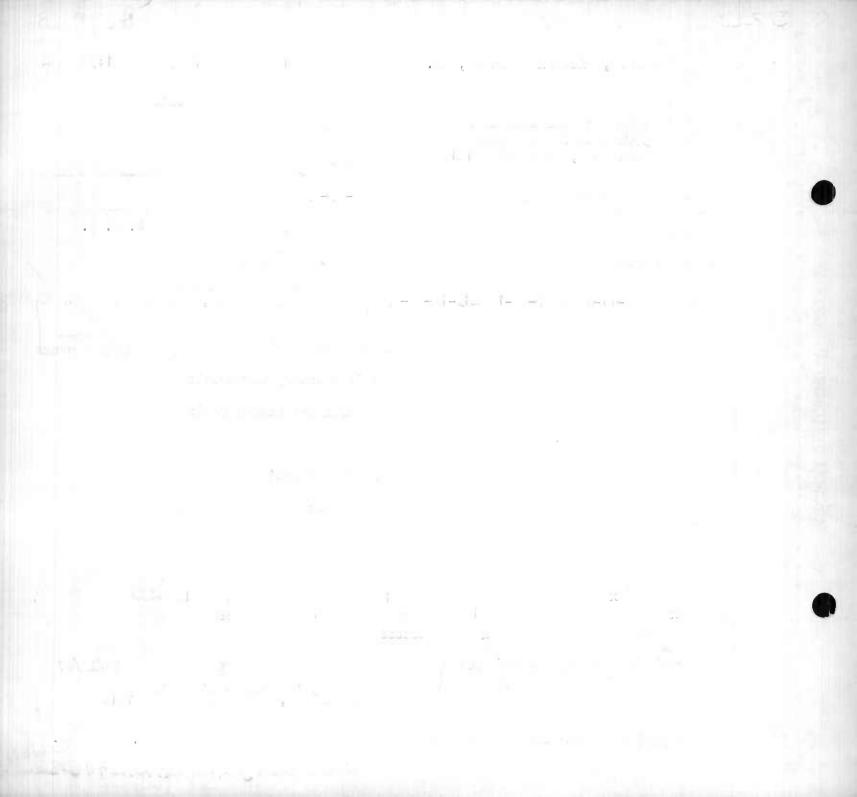
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67 10	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 10017		
KIH NO.	CERTIFICA	ATE OF DEATH	Registered No.	07 10017		
N.E. CASE NO. NAME OF DECEASED  (ype or Print)		2. DATE AND	HOUR OF DEATH			
George P Angelos PLACE OF DEATH IN BALTIMORE, MARYLANI		Oct. 15, 1967 6:30P.M.  4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)				
PLACE OF DEATH IN BALTIMORE, MARYLANI	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (If not in hospital or institution)  HOSPITAL OR address ar lacation)	Maryland C. CITY OR TOWN (If autside city limits, write RURAL and give township)					
20	Baltimore					
1 1105 m manatta Ct.	A	D. STREET ADDRESS (If ro				
1105 E. Fayette St	828 South Ponca Street  B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.					
M M	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)  Married	12-16-1889	ost birthday	Manths Days Haurs Min,		
OA, USUAL OCCUPATION (Give kind of work 108, K) one during most of working life, even if retired)	- 1		n country)	12. CITIZEN OF WHAT COUNTRY?		
Steelworker Steel Greece				U. S.A.		
S. FATHER'S NAME		14. MOTHERS MAIDEN NAM	E			
Peter Angelos	Mary					
Peter Angelos  . Was Deceased Ever in U. S. Armed Faices? es,ng or unknawn) (If yes, give war ar dotes af se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
Yes World War.	I 193-10-5032	Dr. Peter Ange	elos 1505	26 St. Wash. Do		
18. 3 3 1 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying,	e.q., DUE TO	CVA		l day		
heart failure, asthenia, etc. It means the di injury or complication which coused death,	seose,					
ANTECEDENT CAUSES	Sev. Yrs.					
DISEASES OR CONDITIONS, if ony,	DUE TO	Arterioscleros				
iise to the above couse (A) stating						
UNDERLYING CONDITION last.						
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE Left Hemi	paresis		7 yrs.		
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED		
		No				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	affice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct lacotian)		
21D. TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
(APPROX)	While At Not Wh					
22   contifue that (I) (2007)(2007) and			69	00+ 15 1067		
			V.6610			
	1122		rin(my)…assasc) op	inian death accurred on the dat		
	ove (I) farel (qiq) farer pres)	view the body after death.		22.8 DATE SIGNED		
Fear My	M.D. A	ttending Med. S	itaff 📻			
23C. PHYSICIAN'S	Collect		hys. 🔼	060, 10, 130		
NAME (Type)	A4.0					
	0.K	2431 Maryland				
PEAAOVAL (Speciful	n 11	1 0 1 5	7 ,	110-1		
DOLISI		vox cometery D	altimo			
OCT 2.0 1967	AME OF REGISTRAR	NICHOLAS TO	MATTHEN			
AND HOUSE	m 4, 100	3021/EAST	-PNAVEA	UE, DAWYMORE		
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines)  21 D. TIME (Month) (Doy) (Year) (House of INJURY (APPROX.)  22. I certify that (I) (XXXXXXI) after that (I) (X) last saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  E. Ellsworth Contact of the Contact	home, farm, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Windle At Work  At Work  and the deceased fram  ave. (1) NO (did) NO (M)  A.D. A.P.	Jan 23 15  14 19 67 and the view the body after death.  Itending Med. Director First Street Firs	RY OCCUR?  62 to t in (my) Kak) ap thys.	Oct. 15, 196.  inion death accurred on the  238, DATE SIGNED  Oct. 15, 19		

. Column Column . 20 grand the general term of the second of the second LENGTH OF THE STEEL STEEL STEEL TO A STEEL STEEL

BIRTH NO.  M.E. CASE NO.  1. NAME OF DE		-10040	ATE OF DEATH	Registered Na.			
(Tune or Print)	OENIG, Michael	L Marcus . Sr.		CTOBER 1967			
3. PLACE OF D	3. PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
FULL NAME	OF (If not in hospital	or institution give street		LTIMORE CI	TY		
HDSPITAL OR Oddress of locolion) INSTITUTION VETERANS ADMINISTRATION HOSPITAL  3900 LOCH RAVEN BOULEVARD BALTIMORE, MARYLAND 21218			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
			BALTIMORE				
			6405 ROSEMONT AVENUE				
5. SEX MALE	6. RACE CAUCASION	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	4-25-85	9. AGE (In years lost birthdoy) 82	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 10B during most of working file, even if retired) ENGINEER		RASPEBURG, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
JOHN KOENIG			14. MOTHER'S MAIDEN NAME FRANCES FISHER				
	d Ever in U. S. Armed For (n) (If yes, give wor or dote 7-11-17 TO	s of service) SECURITY NO.	17. INFORMANT HOSPIT	AL RECORDS N BLVD, BAI	ADDRESS TIMORE, MARYAAND 212		
(This does not mean the made of dying, e.g., heart loilure, astherio, etc. It means the disease, injury or complication which coused deeth.)			Encephalomalacia Basilar artery th	interval Between onset and death greater than 6 weeks			
rise to I UNDERLYIN	OR CONDITIONS, if he obave cause (A) AG CONDITION lost.	any, giving (C)	Cerebral arterios	sclerosis			
E TO THE	DEATH BUT NOT RELA	TED TO THE	Bronchopneumonia				
19A. DATE C	OF OPERATION 198. CON	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF medical examiner	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)							
that 00 (we	s) last saw the decease and from the causes stat	red abave. (1) (We) (did) (1)	19 67 and th	nat in (602) (aur) ap	23B. DATE SIGNED		
95	orgs VV	saffrey M.D. Ph	ys. Director	Phys.	10/17/67		
23C. PHYSICI NAME	(Type)	/V		H RAVEN BOURYLAND	JLEVARD 21218		
24A. BURIAL CR REMOVAL	EMATION, 24B. DATE (Specify)	24C. NAME OF CEMETERY OF C	REMATORY 24D. L	OCATION (C	City, town, or county) (Stote)		
Buri		1967 Parkwood Cemet	tery	altimore	Co. Md.		
	OGJ 20 1967	258, NAME OF REGISTRAR ROBERTS E. Labruphi	25C. FUNERAL DIRECTOR		ADDRESS (3 6/ b)		
VS 150-REV. 1/1	/65		100000				



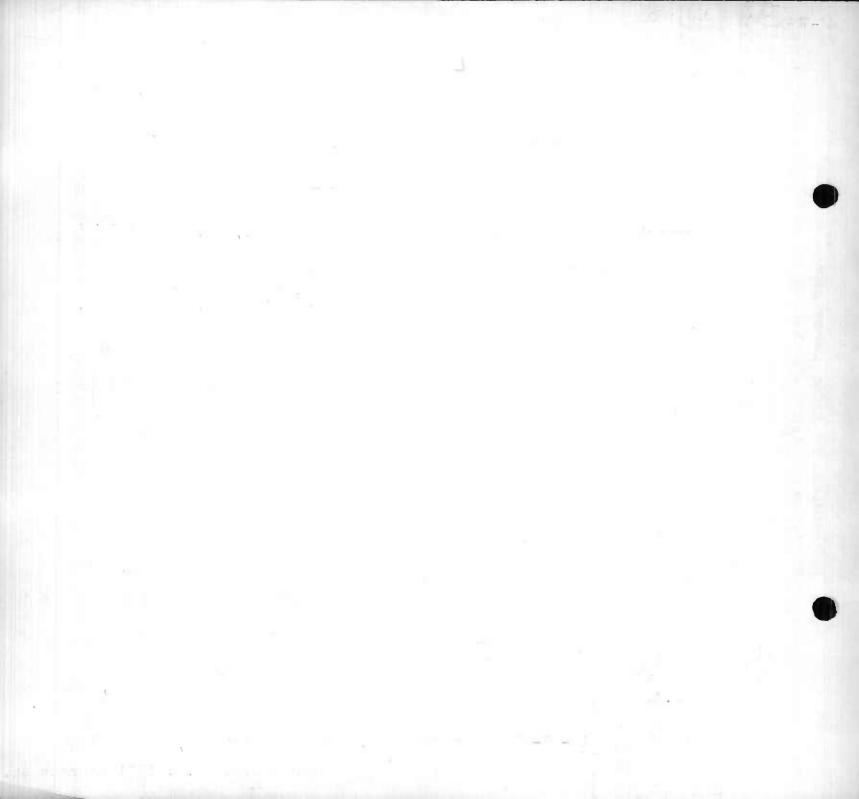
Survey 10 Sec. 47 Meeting Committee Committee

J-525 67 1	0020 CERTIFICA	Y HEALTH DEPARTMENT	Registered No.	67 19020
M.E. CASE NO.  1. NAME OF DECEASED  Type or Print)	JOHNSON, A		D HOUR OF DEATH	8:00 P
FULL NAME OF (If not in hospital or institution BALT HOSPITAL OBALT HOSPITAL OBALT HOSPITAL OBALT HOSPITAL OBALT HOSPITAL OBALT HOSPITAL OBALT MORE, MARYLAND BALT MORE, MARYLAND	TTALS	4. USUAL RESIDENCE (WHO A. STATE B. COUN MARYI. C. CITY OR TOWN (If out	AND	JRAN and gire township
S. SEX 6. RACE 7. MARR WIDO DIV	TED, NEVER MARRIED WED, DIVORCED (specify) ORCED	8/22/14	55	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND done during most of working life, even if retired) 13. FATHER'S NAME	Church	New York City  14. MOTHER'S MAIDEN NAM	7. N.Y.	U.S.A.
JAMES  5. Was Deceased Ever in U. S. Armad Farcas? Yes,na ar unknown) ((If yas, give wor or dotes of sarvic	1 6. SOCIAL SECURITY NO.	JOHNSON, MATTI 17. INFORMANT RECORDS: BCH 49	E Goldman	ADDRESS 21224
DISEASES OR CONDITIONS, if any, gives the above cause (A) stating UNDERLYING CONDITION last.	the (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes at No	20B. IF YES, WERE FIT IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (a.g., hame, larm, foctory, straat, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimora	City, give exact location)
-	21 E. INJURY OCCURRED  While At Not Wh Wark At Work		URY OCCUR?	1-1-
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE	(I) (We) (did) (did nat)	19ond th	ot in(my) (our) opini	ion deoth occurred on the do
Robert N.	M.O. M.O. M.O. M.O. C. MAME OF CEMETERY OF	5748 L	RN ATE. DAILT	(0., MD. 21224, (State)
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		1901 LAYREAS

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Marine Dy Hall 1901 Land Call



BALTIMORE CITY HEALTH DEPARTMENT

V.S.153 10-23-67 M.H.

(5) Deceased ance on the death. Such	1. NAME OF DECEASED (Type or Print) LOVE ELLEN M.  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH 10/16/67 3-10 PM 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit a. STATE B. COUNTY MARYLAND BALTIMORE
cause; attend rior to	FULL NAME OF HOSPITAL OF HOSPITAL OF BALTIMORE  HOSPITAL OF BALTIMORE	C. CITY OR TOWN (If outside city limits, write RUR) L and give township).  BALTIMORE  D. STREET ADDRESS (If rurol, give location) 1609 BRUCE STREET
regular ceased p	5. SEX 6. RACE PEMALE NEGRO 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  7. MARRIED, NEVER MARRIED (Specific property of the p	ecify) 2/15/99   lost birthdoy/ Months Doys Hours A
(4) Under was in the decisposition	13. FATHERS NAME	13 altinose, Nd, U.S. A.
nd; eath	George Payne  15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO	
Also, if the of any kindenced destroyed		AUSE OF DEATH  AUSE OF DEATH  ONES 15/7 Pressen Ct.  INTERVAL BETWEE ONSET AND DEAT
sical examiner irns; (3) A fract sician who pr was in regula mains are emb	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	G. 1. Bleeding & Pomereate Cona Usaemic Coma
a med ody bu he phy sician	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IN CERTIFYING CAUSES OF DEATH?
tal by b; (2) B here tal No phy before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU	IRY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) street, office bldg., INJURY OCCUR?
d to the hospite t of any nature; ital (except wh ith); and (6) N		Not While At Work
	22. I certify that (**) (this hospital) attended the deceased from that (**) (we) last saw the deceased alive an 10 16 and haur and from the causes stated above. (I) (We) (did) (did)	1967 and that in(my) ( apinian death accurred an this hat) view the bady after death.
a to the t of any ital (exc ith); an	224 CICALATION \	23B, DATE SIGNED
any (exc ); an	23C. PHYSICIANS NAME (Type) D. J. PRADHAN.	A.D. Attending Med. Director Phys. 10/16/67  23D. ADDRESS  M.D. SINAI HOSPITAL BALTIMORE.



67 10024	ALTIMORE CITY HEALTH DEPARTMENT	67	7 10024
BIRTH NO.	ERTIFICATE OF DEATH	Registered Na.	
1. NAME OF DECEASED		AND HOUR OF DEATH	
(Type or Print) Anna M. Behr	Oct	t. 19, 1967	1 / A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (W. A. STATE B. CO	Vhere deceased lived. Il institutio	n: residence before admission)
BUIL MAAS OF All and in boarded as football	MI	ONII	
FULL NAME OF (II not in hospital or institution, give stree HOSPITAL OR oddress or location)		outside city limits, write KUNAL	andweive township)
INSTITUTION	Baltimore		1001
35 Church Home and Hospital	D. STREET ADDRESS	(If rurol, give location)	
Do Create Frome and Frospical	5603 Birch	rwood Ave.	
5. SEX   6. RACE   7. MARRIED, NEVER	MARRIED 8. DATE OF BIRTH	9. AGE (In years If U	nder 1 Yr. II Under 24 Hrs.
temale white widowed	2/26/89	10st birthdoy) Mon	ths Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINE	SS OR INDUSTRY 11. BIRTHPLACE (State or I	loreign country) 12.	CITIZEN OF
done during most of working life, even il retired)  Housewife	Maryland		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN N		*0 *m *
John J. Ostermann		Bauernfeind	
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (II yes, give wor or dotes of service)	URITY NO.		ADDRESS
no none	George J. Be	ehr 114 N. Str	eeper St.
18. 4 20	CAUSE OF DEATH	4	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	a + 2m.	11 /	ONSET AND DEATH
LEADING TO DEATH	(A) Cleve Myoca	reled istenelies	20 min
(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	DUE TO	/	
injury ar camplication which coused deoth.)	14	1 1/1/1/101	5 m
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DISEASES OR CONDITIONS, if ony, giving			
uise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
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nen was performed.		IN CERTIFYING CAUSES	Jr Utalh?
OR CONTRIBUTING CAUSE OF	OF INJURY (e.g., in or about 21C. WHERE DID loctory, street, office bldg., INJURY OCCUR?	(II in Baltimore City,	give exact location)
DEATH (notify medicol exominer)	Joseph State	:	
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY	OCCURRED 21F. HOW DID I	INJURY OCCUR?	
While At	Not While		,
Work L	At Work	1	119 17
22. I certify that (1) (this hospital) attended the dece	10/10-17	19ta	19.6.
that (I) (we) last saw the deceased alive an	10/10 19 b and	that in (my) (aur) apinian (	leath accurred an the date
and haur and fram the causes stated abave. (1) (We) (	did) (did nat) view the bady after deat	th.	
23A. SIGNATURE	A		DATE SIGNED
11 anne tildma.	M.D. Atlending Med. Director	Stoll Phys.	10/19/1)
23C. PHYSICIAN'S	23D. ADDRESS	. 12 . 0. 2	1 1 1 1 1001
Maurice Feldman	M.D. 2 DXF	AD SV 1	ALTO MIN
24A. BURIAL CREMATION, 248. DATE 24C. NAME of C	CEMETERY OF CREMATORY 24D	LOCATION (City, tow	rn, or county) (State)
REMOVAL (Specily)	Redeemer (emetery)	Raltimores Mar	uland
20/25/01	TRAP TOES ENDERAL STATES	TOP	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS	talkerna Leonard 9.	Baltimore, Mar Ruck, Inc Ba	Itimore .Md.
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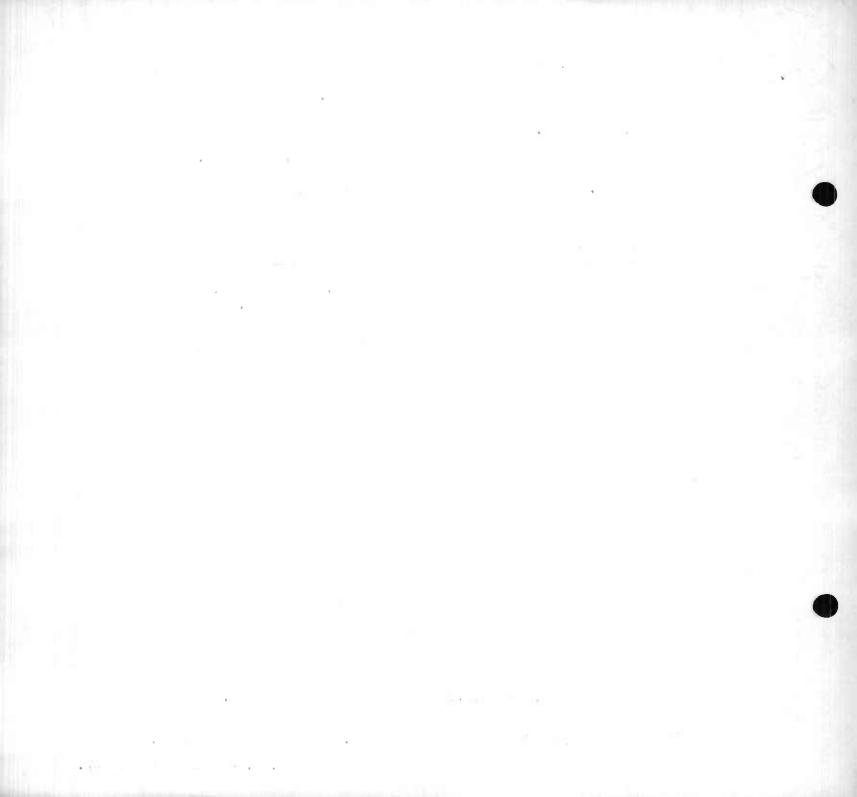
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FUNERAL DIRECTOR: IMPORTANT

DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION Scontribution lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING OR CONTRIBUTING CAUSING IT.  19.A. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED OR CONTRIBUTING CAUSES OF DEAT CO. IN CERTIFYING CAUSES OF DEAT CO. IN C. I.	0000
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3. FATHER'S NAME	OF
Sparwasser  Anna M. Ashley  Interection  Interec	SOUNTRY2
15. Was Decease Ever in U. S. Armed Forces?   17. INFORMANT   17. INFORMANT   18. SOCIAL   18.	(,).
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ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  10  11  12  13  14  15  16  17  17  18  18  19  19  19  10  10  10  10  10  10  10	
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION tost.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    IPAL DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION WAS PERFORMED   21A. ACCIDENT WAS UNDERLYING   AUSE OF DEATH (Inoilly medical examiner)   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give examiner, foctory, street, office bidg., INJURY OCCUR? etc.)   At Wark   At Wa	
NOTE OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 21A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 198. CONDITION CAUSING OF DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OR CONTRIBUTING (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While At Not Work At Work 1990 ond that it (my) (our) opinion deoth occurred and haur and fram the couses stated above. (1) (We) (did) (did not) view the bady ofter deoth.  23A. SMON TURE  M.D. Attending Med. Shoft Phys. 123D. ADDRESS  BARRY J. WECKESSER M.D. M.D. THE HAULDS MEDICAL AXES OF DEATH ARE 1995 M.D. MEMBER 1995 M.D. M.D. MEMBER 1995	
UNDERLYING CONDITION lost.    Control of the conditions contributing to the Death but not related to the Disease or condition causing it.     19A.Date of operation   19B. condition for which operation   20A. Autopsy? (Yes at Na)   20B. If yes, were findings contributing causes of death   19A.Date of operation   21A. Accident was underlying causes of death   21A. Accident was underlying causes   21A. Accident was u	CE1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  19B. CONDITION FOR WHICH OPERATION  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  19B. CONDITION	<u></u>
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT   21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, larm, factory, street, office bldg., INJURY OCCUR?   10A   10B   10B	
19A. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF  DEATH (notily medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, larm, factory, street, olfice bldg., INJURY OCCUR?  21D. TIME  OF INJURY  (APPROX.)  21E. INJURY OCCURRED  While At Wark  At Wark  22. I certify that (I) (this hospital) ottended the deceosed from  then (I) (we) lost sow the deceosed alive on 19 ond that in (my) (our) opinion deoth ocond haur and from the couses stated above. (I) (We) (did) (did not) view the bady ofter deoth.  23D. ADDRESS  NAME (Type)  BARRY  J. WECKESSER M.D.  N.D.  Attending Med.  Director Physician's NAME (Type)  BARRY  M.D.  THE WILLIAM SAME (Type)  Phys.  THE WILLIAM SAME (Type)  BARRY  M.D.  THE WILLIAM SAME (Type)  BARRY  M.D.  THE WILLIAM SAME (Type)  BARRY  M.D.  THE WILLIAM SAME (Type)  M.D.  THE WILLIAM SAME (Type)  BARRY  M.D.  THE WILLIAM SAME (Type)  M.D.  THE WILLIAM SAME (Type)  BARRY  M.D.  THE WILLIAM SAME (Type)  M.D.  THE WILLIAM SAME (Type)  BARRY  M.D.  THE WILLIAM SAME (Type)  M.D.  THE WILLIAM SAME (Type)  DEATH (Total Same Same Same Same Same Same Same Same	
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?  21D. TIME OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  While At Wark   Nat While At Wark   Nat War	NSIDERED
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, larm, factory, street, office bldg., INJURY OCCUR? etc.)  21D. TIME (Manth) (Day) (Year) (Haur)  21E. INJURY OCCURRED While At Wark  At Wark  22. I certify that (I) (this hospital) ottended the deceosed from 19 ond that is (my) (our) opinion death oc and haur and fram the couses stated above. (I) (We) (did) (did not) view the bady ofter death.  23D. ADDRESS  NAME (Type)  BARRY J. WECKESSER M.D.  19 MECKESSER M.D.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give examples and place of the place	TH?
DEATH (notily medical examiner)  21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Not While At Wark  22. I certify that (I) (this hospital) ottended the deceosed from 19 ond that in (my) (our) opinion death oc and haur and fram the couses stated above. (I) (We) (did) (did not) view the bady ofter death.  230-PHYSICIAN'S NAME (Type) BARRY J. WECKESSER M.D.  121F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID IN	ract lacation)
21D. TIME OF INJURY (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Wark   21F. HOW DID INJURY OCCUR?  While At Nat Wark   21F. HOW DID INJURY OCCUR?  While At Wark   21F. HOW DID INJURY OCCUR?  While At Wark   21F. HOW DID INJURY OCCUR?  While At Wark   21F. HOW DID INJURY OCCUR?  If the control of Injury (Our) opinion deoth occurs and haur ond from the couses stated above. (I) (We) (did (did not) view the bady ofter deoth.  23A. SIGNATURE  M.D. Attending   Med.   Stoff Phys.   23D. ADDRESS  NAME (Type)   MECKESSER M.D.   M.D. THE MALL ON MEMBER 141 DOLL ME	
22. I certify that (I) (this hospital) ottended the deceosed from that (I) (we) lost sow the deceosed alive on and haur ond fram the couses stated above. (I) (We) (did) (did not) view the bady ofter deoth.  23A. SIGNATURE  M.D. Attending Med. Stoff Phys.  23D. ADDRESS  NAME (Type)  BARRY J. WECKESSER M.D.  THE HALLON MENOSE IN ACCURACY.	
22. I certify that (I) (this hospital) ottended the deceosed from 19 to 19 ond that it (my) (our) opinion deoth oc and haur and from the couses stated above. (I) (We) (did) (did not) view the bady ofter deoth.  23A. SIGNATURE  M.D. Allending Med. Stoff Phys. 23B. DATE SIGNAME (Type)  BARRY J. WECKESSER M.D.  THE HALLON MENTS AND AND MENTS AND M	
that (1) (we) lost sow the deceosed alive on	34
and haur and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death.  23A. SIGNATURE  M.D. Allending Med. Stoff Director Physicians  23B. DATE SIGNATURE  23B. DATE SIGNATURE  23B. DATE SIGNATURE  23D. ADDRESS  NAME (Type)  BARRY J. WECKESSER M.D.  THE HALLON MENDE AND DESCRIPTION OF THE PROPERTY OF THE PROP	ceured
23A. SIGNATURE  M.D. Attending Med. Stoff Phys 23B. DATE SIGNATURE  25B.	CCOLLEG OL
Attending Med. Stoff Phys. 10/8  230-PHYSICIAN'S Phys. 23D. ADDRESS  BARRY J. WECKESSER M.D. M.D. THE WALLOW MEMORIAL TOPS IN ACCOUNT.	IGNED
BARRY J. WECKESSER M.D. M.D. THE WHICH MENDS IT AN	8/1 -
	19/
	Am
AND PURIOR DESIGNATION 1/40, UAIL 1/41, NAME OF LEDGETER OF CREMATURE 17/41 INCATION 1/41, NAME OF TAXABLE 1/4	Junty)
REMOVAL (Specily)	ionly/
Burial TO/23/67 Balto. National Com. Balto. Md.	ADDRESS
U1. 1 2 H 1967 70 70 70 71 71 71 71	
vs 150-Rev. 1/1/65	A •

HAVER PREMIETIAL HOSP paltitioned 6108 Berchweed and 80-10-30 Clara Sevenance Thomas S. asklu Acute Myscardial infoliction BENCHOPHERMONENIA 14 430 LA 17 / ' J ' C ' SS 1.[. . The same of the Market and The Control

BIRTH NO.	67	LUUCI		OF DEATH	Registered No	67 10027	
M.E. CASE NO.  1. NAME OF D (Typo or Print)	ECEASED			2. DATE	AND HOUR OF DEAT		
3. PLACE OF D	Louise W. E		4. USU	IAL RESIDENCE (W	tober 16, 1	institution: residence before admissi	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or lacotion)				Md.  C. CITY OR TOWN (If outside city limits, write BURAL and give township)			
100	O S. Gilmor St			Baltimore	(If rurol, give location)	14-04	
00			D. 311	100 S. Gi			
F. SEX	6. RACE	a mile A	of BIRTH by 24/13	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hours Min		
	CCUPATION (Give kind of worl of working life, even if retired)	Widowed 108. KIND OF BUSINESS OR IN	DUSTRY 11. BIR	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
3. FATHERS N			14. MC	THER'S MAIDEN N			
	aniel Tyler				Daffin		
5. Was Deceas Yes, no or unkno	ed Ever in U. S. Armed For wn) (If yes, give wor or dote	es of service)  1 6. SOCIAL SECURITY N		ormani S. Dolores Academy		ADDRESS	
1B. DISE	ASE OR CONDITION DI	C	AUSE OF DEAT	H .	dio Vesenda.	INTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEATH not meen the mode of	dying, e.g., (A)_	He playe	using los	die Perena	e Lyra.	
	e, osthenio, etc. Il meons omplication which coused		/		Mescal		
DISEASES	OR CONDITIONS, if	DUE	то		3		
rise lo	the obove couse (A) NG CONDITION lost.				000000000000000000000000000000000000000		
E TO THE	HI CONDITIONS CONTINUES OF THE PROPERTY OF THE	ATED TO THE		-			
	OF OPERATION CAUSING 198. CON WAS PER	DITION FOR WHICH OPERATIO	ON 20 A	AUTOPSY? (Yes or	No. 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?	
, OR CONTRI	DENT WAS UNDERLYING   IBUTING   CAUSE OF tify modical examiner)	21B. PLACE OF INJU home, form, foctory, otc.)	RY (o.g., in or obou street, office bldg	1 21 C. WHERE DID	(If in Boltime	ore City, give exect lecetion)	
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yoor)	While At	Not While	21 F. HOW DID II	NJURY OCCUR?		
22. I certi	fy that (1) (this hospital	) ottended the deceased from	om	X.	1964 to 0	X 16 19.6%	
	e) lost saw the decease		. 2	/		pinian deoth occurred on the	
23A. SIGNA		ted obave. (I) ( <del>WE)</del> (did) <del>(di</del>	± = met) view the	bady ofter death	h.	23B, DATE SIGNED	
SHO	The Lich	reckey M	A.D. Attending Phys.	Med. Director	Stoff Phys.	10-17-67	
23C.PHYSIC NAME	(Typo) Morris E	3. Schreiber	M.D. 23D. AD	oress .519 Lombar	d St.		
4A. BURIAL C	REMATION, 248. DATE	24C. NAME of CEMETER	TY OF CREMATOR	Y 24D.	LOCATION (	City, town, or county) (State	
Burial	10/19		idge Cem.	4	Baltimore, A		
SA. DATE REC	D BY HEALTH DEPT.	258. NAME OF REGISTRAR		Witzke F.		dmondson Av.	
/S 150 BE\/ 1/	ACT 2 0 1967	Of Contract & Janker	75.40		-		

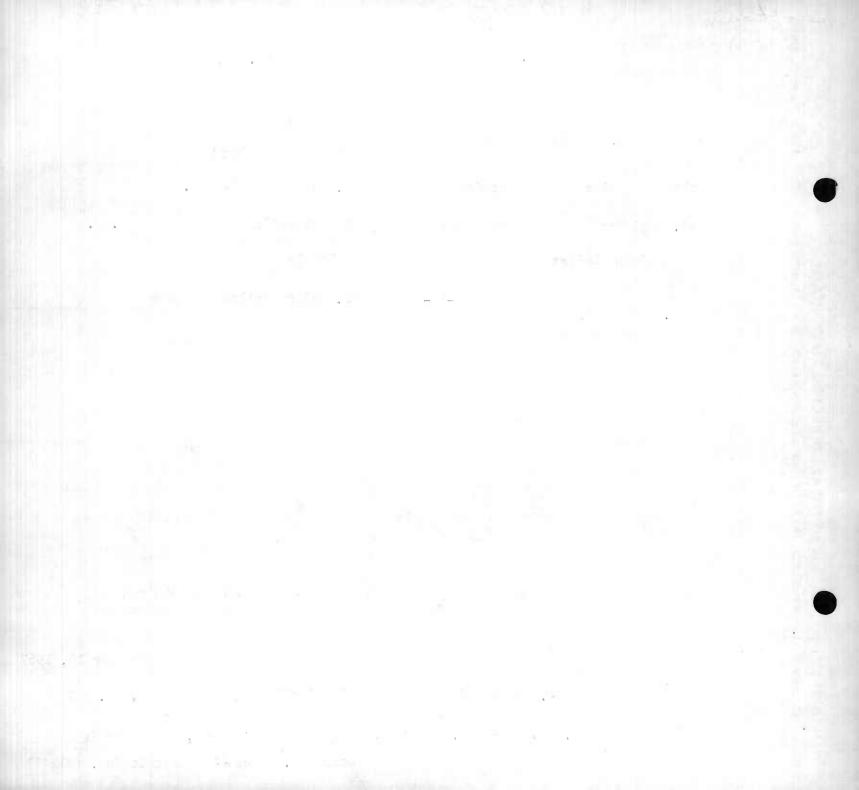


CH	BALTIMORE CIT	TY HEALTH DEPARTMENT		07 0000
BIRTH NO.	10028 CERTIFICA	ATE OF DEATH	Registered Na	6/ 10028
M.E. CASE NO.	CERTITIE			
Type or Print)	3 11		ND HOUR OF DEATH	
N/19 M.	DE ITEPS (Ell	a Mary)   10-	-17-67	3.458.
B. PLACE OF DEATH IN BALTIMORE, MARYLA	ND /	A. STATE B. COU	ere deceased lived. If ins	titution: residence before admissi
FULL NAME OF (If not in hospital or in	stitution give street	Max	nels nel.	7 ( m DU
HOSPITAL OR address or location) INSTITUTION	strong, give sileer	C. CITY OR TOWN (If a	unide city limits, write RI	ond give tawnship)
, / 3		Ballin	107E	# 5125
40		D. STREET ADDRESS (I	f rural, give location)	2/20019.
South Baltimana	- Manual Has	n 1/1/ A.	VAL - IX	11/5
5. SEX   6. RACE   7. A	MARRIED, NEVER MARRIED	42/17/	YNA DE IN	DOX AVE.
	WIDOWED, DIVORCED (specify)	O. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Manths Doys Hours Min.
1. White	WidowEd.	6-21-1885	182.	
IOA. USUAL OCCUPATION (Give kind af work 10B.  Bone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (State or for	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Ma	rylond.	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME Jalva.	
			- Tring	1000
John T. Hutson		Anna Simor	1	
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Pasade
No	SECORITI NO.	Mr. Vernon L.	Selters Bay	side Beach Md.
18. 24 70, /1	CAUSE	OF DEATH		
1000				ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY G-	ute Myocarchi veralized Arte	1 Shelit	
(This does not mean the mode of dying	(A) (CC)	uce regolations	a organia	u
heart failure, osthenia, etc. It means the	disease,		0	2
injury or camplication which caused deo	th.)	1 10 to		100
ANTECEDENT CAUSES	(B) 1	vicalized Will	moscinon,	
DISEASES OR CONDITIONS, if ony,	giving	0		
rise to the obove cause (A) state				
UNDERLYING CONDITION lost.	5 to 6 5 to 6 to 6 to 6 to 6 to 6 to 6 t			
OTHER SIGNIFICANT CONDITIONS CONT				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORM	(ED	No.	IN CERTIFYING CAU	SES OF DEATH?
	218, PLACE OF INJURY (e.g.,	in ar obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street,	office bldg., INJURY OCCUR?		
<u>U</u>				
OF INJURY (Month) (Doy) (Yeor) (Ho		21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Not Wh			
22			20/2 47	0 15
22. I certify that (1) (this haspital) att	11-12	1 %	1967 to /	0-17-19-6
that (4)=(we) last saw the deceased al	ive an	19 <u>@</u> and tl	hat in (my) (aur) apini	an death occurred on the d
and haur and fram the causes stated a	bave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				23 B, DATE SIGNED
X Mald N	1. (ANTI) M.D. AT	tending Med.	51-12	
	Ph	ys. Director	Phys.	10-17-6
23C. PHYSICIAM'S NAME (Type)	11 1	23D. ADDRESS	1 2 40 4	
Un Na. Ld	MAD.	1212 11	01+8+1	1EE+
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D. 1	OCATION (City	, town, or cauntyl (State)
Burial 10/20/67		0	Glen Burnie, 1	
=-///	Glen Haven Mem			
A	NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
UCT 2 0 1967 (P.	Do & E Fallons	M Callesta	eneral Home	237 Patapaco Ave
'S 150-REV, 1/1/65	THE STATE OF THE S	1 3 3/0		



	67	1002	BALTIMORE CITY	HEALTH DEPARTMENT		CH 9000	
BIRTH NO.	0.6	LUUC	CERTIFICA	TE OF DEATH	Registered Na	67 10029	
M.E. CASE NO.	OF A CED		CERTIFIC .				
(Type or Print)		D. DAI	IAS	Oct. 16, 1967			
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WH		institution: residence before admission!	
HOSPITAL OF	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)			Maryland		RURAL and give township	
INSTITUTION	INSTITUTION		Baltimore		1-566		
43	So. Baltimor	e Gener	al Hospital		If rurol, give location)		
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
Male	White	WIDOWEL	DIVORCED (specify)	Aug. 3, 1902	65 yrs.	Months Doys Hours Min.	
	CUPATION (Give kind of work of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
Stat. En		School	Board	Pennsylvania	a.	U. S.	
13. FATHERS NA	AME			14. MOTHER'S MAIDEN N.	AME		
	John Dallas			Cassie			
15. Wos Decease (Yes, no or unknow	ed Ever in U. S. Armed For wn)(If yes, give wor or dote	ces? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
No			219-12-5082	Mrs. Helen Da	allas Sa	ıme	
1B	20 11	F. Ph. 117	CAUSE O	F DEATH		INTERVAL BETWEEN	
DISE	ASE OR CONDITION DIF	RECTLY				ONSET AND DEATH	
	LEADING TO DEATH		in Ce	rebro. Vasen	lan Accident		
	not meon the mode of		DUE TO	rebro. Vasen	• • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	e, asthenia, etc. It meons amplication which coused					and the second second	
	ANTECEDENT CAUSES		(B)	SCVHD-	Londre		
DISEASES			DUE TO			•	
	OR CONDITIONS, if the obove cause (A)		(C)				
UNDERLYIN	NG CONDITION last.			9		20-7-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
E TO THE	II NIFICANT CONDITIONS C DEATH BUT NOT RELA	TED TO TH	G E		- 39600 11		
	R CONDITION CAUSING I		WHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 208. IF YES WERE	FINDINGS CONSIDERED	
19A. DATE O	WAS PER		WHICH OFEKATION	No	IN CERTIFYING C	AUSES OF DEATH?	
OR CONTRI	BUTING CAUSE OF  ify medical examiner	21 B horr etc.	ne, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)	
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	- 7/	
OF INJURY		Wh	ile At Not While	e			
20.1						116115	
22. I certif	fy that $(I)$ (this hospital	) attended t		gue 15	1966 ta 9	1/19/67 19	
that (1) (w	e) last saw the decease	d alive an	9/19/67	19 and	that in (my) (aur) a	pinian death accurred an the dat	
and havr a	nd fram the causes stat	ed abave. (	) (We) (did) (did nat) v	view the bady after death	1.		
23A. SIGNA	TURE					23B. DATE SIGNED	
	In his		M.D. Atte	s. Med. Director	Stoff Phys.	October 16, 1967	
23C.PHYSIC	IAN'S	my		23D. ADDRESS	rnys, 🗀	0000001 10, 1,0,	
NAME	(Typel	Campan			77.1	31 263 03000	
	Andrew R.			4016 Ritchieh		alto. Md. 21225	
24A. BURIAL CI REMOVAL	REMATION, 248. DATE (Specify)	24C. N	AME of CEMETERY or CR	EMATORY 24D.	LOCATION	City, town, or county! (State)	
Burial	Oct. 21	. 1967	St. Mary's Co	emetery Sh	enandoah, P	ennsyl wani a	
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	OR THE THE PROPERTY OF THE PRO	ADDRESS	
	OCT 2 0 1967	DO.	RE Fallenna	George J. Go	nce hool Ri	tchie Hwy. (21225)	
VS 150-REV. 1/		Molecular	U. C. (COUCH)				
				and the same of th			

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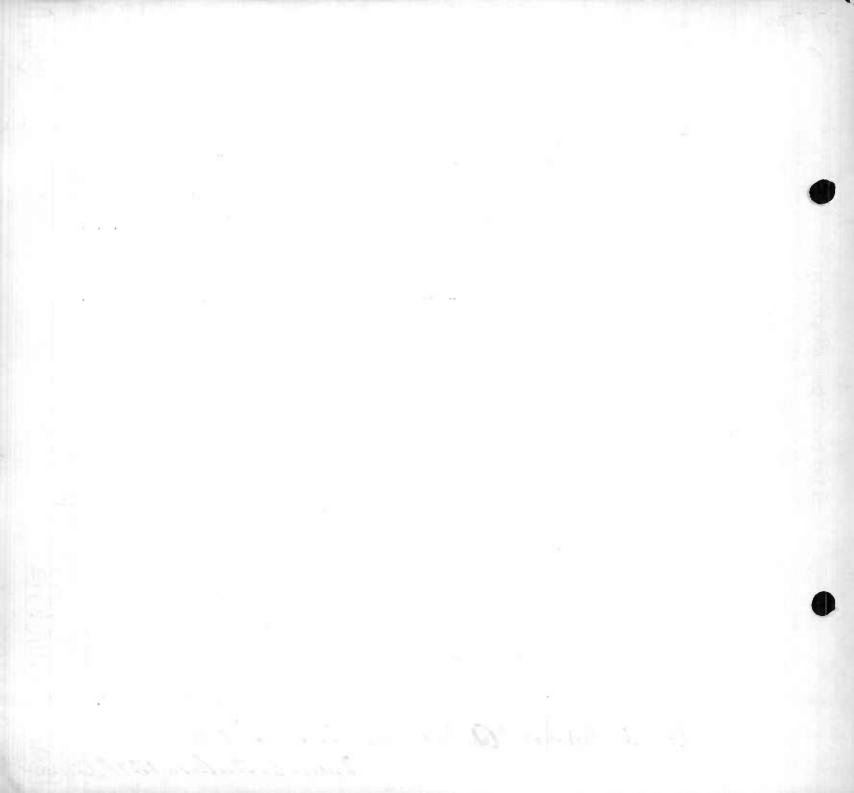


THE BUILDING WALL JOHN FREEL SON Love Rolmmon Etema Carline prepayments Tololling Hair bream -CA Thurson. 17-12-6 File to the state married to the small

	67 10024 W	ALTIMORE CITY	HEALTH DEPARTMENT		67 10021
	H NO. 67 10031 C	ERTIFICA	TE OF DEATH	Registered Na	1 10001
1. N (Typ	AME OF DECEASED  OF PINT SALVEY  PLACE OF DEATH IN BALTIMORE MARYLAND	0	-/	to deceased lived II in	10/19/6 M
	FULL NAME OF (If not in hospital or institution, grve stree HOSPITAL OR oddress or location) NSTITUTION	et	Md. B. COUN	alh.	RURAL ohd give township)
1	university Hospita	al	D. STREET ADDRESS (IF	rurol, give location)	Strul
5. 5	MIDOWED, DIYOR	CED (specily)		9. AGE (In year lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE:  during most of working life, even if retired)		11, BIRYHPLACE (State or forei		12, CITIZEN OF WHAT COUNTRY?
7	Surveyed belate		14. MOTHER'S MAIDEN NAI  FINELLE	ME CA	ADDMI
Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (III yes, give wor or doles of service)  18,	CAUSE O	Tellie Ithi	te 21020	& Biddle St INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenio, etc., It means the disease, injury of complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) A DUE TO	gestin Hear vial Fibrillet vouse Bro	t Failure	ONSET AND DEATH
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH C WAS PERFORMED 115 54  21A. ACCIDENT WAS UNDERLYING 121B. PLACE	vesp dilue	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED USES OF DEATH?
MEDICAL	DEATH (notily medical examinet) etc.)  21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY While AL	OCCURRED Not While	21F. HOW DID INJ		
	22. I certify that (I) (this hospital) attended the decention (I) (we) last saw the deceased alive an		1		nian death accurred an the da
	and hour and fram the causes stated above. (1) (We) ( 23A. SIGNATURE  23C. PHYSICIANS NAMEX Typis)	M.D. Atte	nding Med.	Stoff	23B. DATE SIGNED  (OKUG 7  REHAMA
	BURIAL CREMATION, 24B. DATE 24C. NAME OF REMOVAL (Specify)  ADDRESS OF THE PROPERTY OF THE PRO	CEMETERY OF CRE	MATORY 24D, L  EXI EMETAL  JSC. FUNERAL DIRECTOR	a.a.C.	Littly Md ADDRESS
_	150-REV. 1/1/65	Manuscon La	1 / Call	· Church	ov not flight

FUNERAL DIRECTOR: IMPORTANT

The Same of V + 101 Idential Transport of the Internal The last is the first of the fi

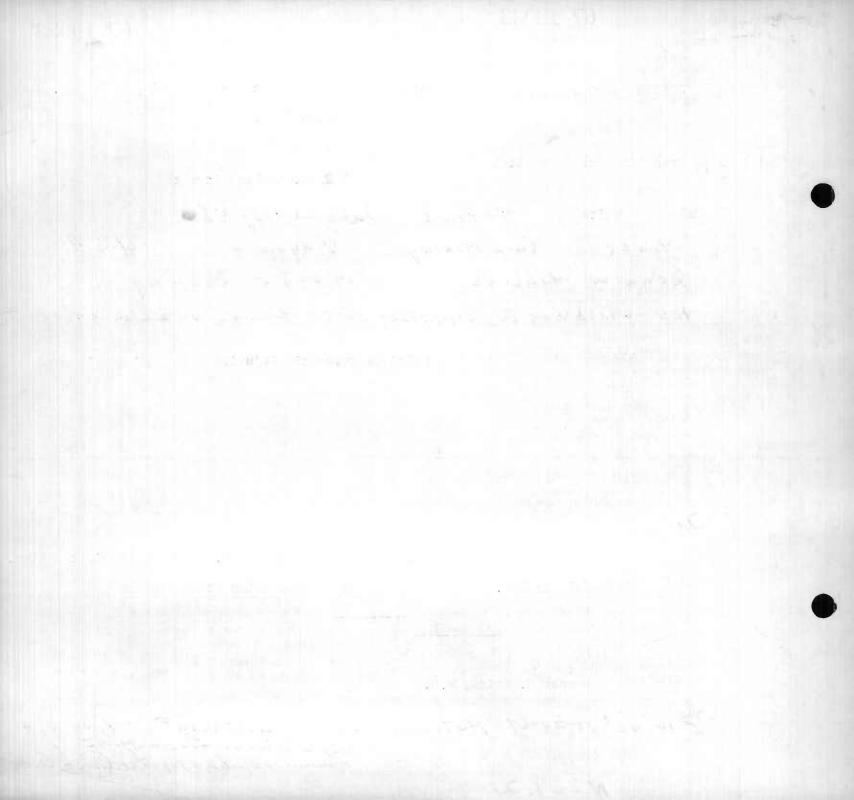


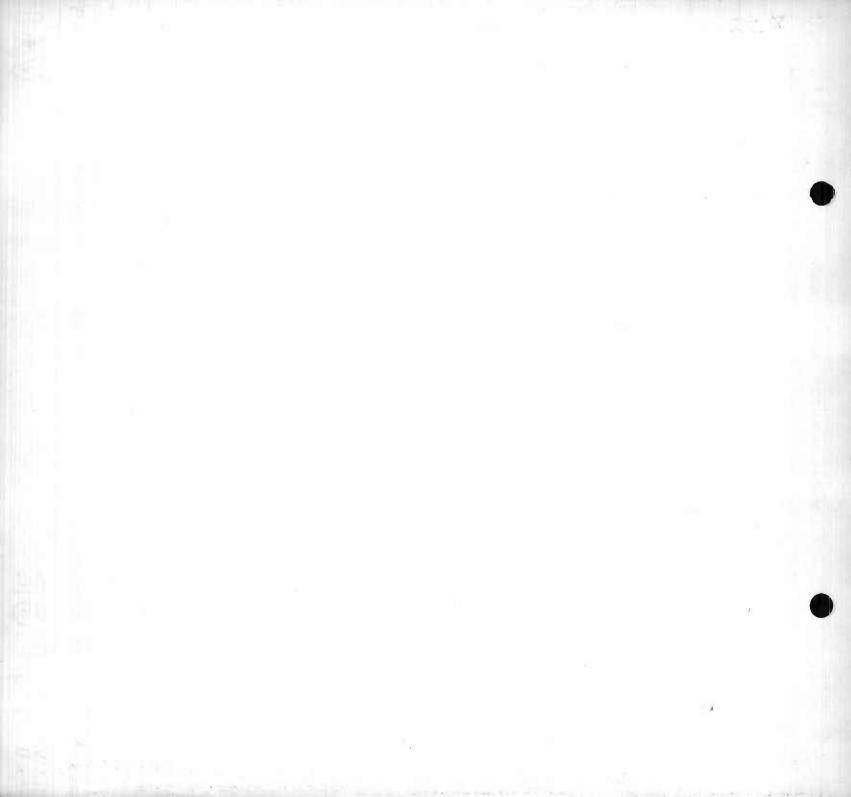
M-452 BIRTH NO.

N869.201

67 10033 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10033

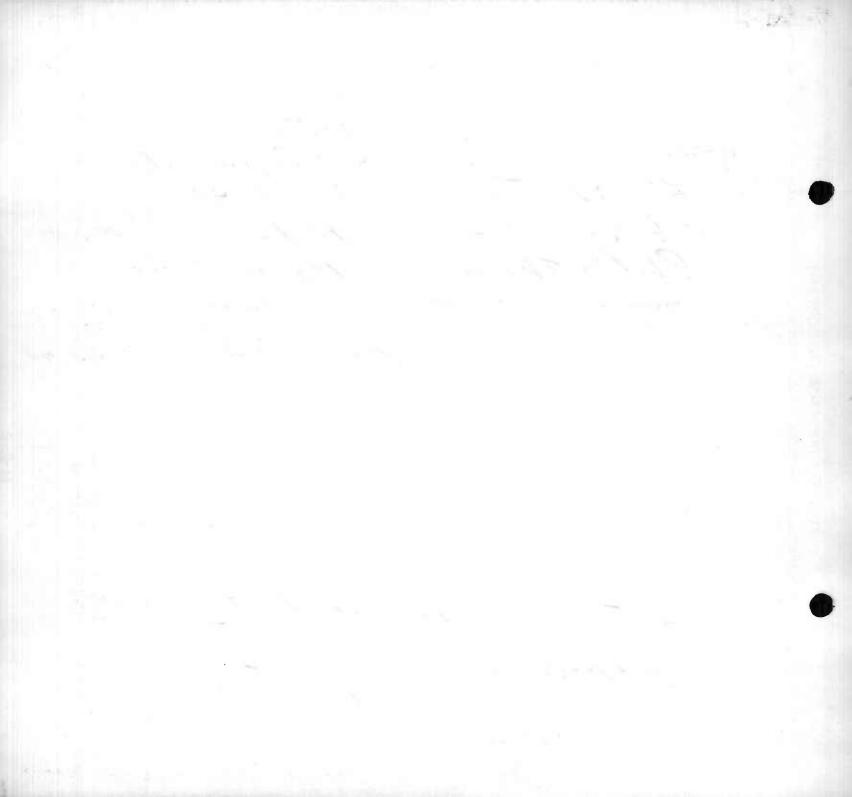
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JOSEPH Brown Low Mullins	October 21, 1967   6:30 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If autside carporote limits, write RURAL and give township)  Baltimore
Franklin Square Hospital	D. STREET ADDRESS (If rurol, give locotion)
po riamizm square mospitua	1492 W. Lombard Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	18. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED(specify)	last birthday Manths, Days, Haurs, Min.
Male White MAPGE COLUMN TO MAKE THE MARKET OF THE MAKE TH	Y11. BIRTHPYACE (State or foreign country) 12. CITIZEN OF
dane during mast af warking life, even if retired)	WHAT COUNTRY
MINER CONL MINING	VIRGINIA 9-5-4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dohn W. Mullins	MARY B. BOWLING ADDRESS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknawn),(If yes, give wor ar dates of service)  SECURITY NO.	17. INFORMANT ADPRESS
14-0 11 11 - 00. 00-0	HATTIE MULLINS 1422 W. Lombard
YES WORLD WAR IL 231-12-822.	E OF DEATH INTERVAL BETWEEN
E 8/2,1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH M111tin	ole Traumatic Injuries
heart failure, asthenio, etc. It means the disease.	Te Traditatio Injuries
injury ar camplication which caused death.)	
ANTECEDENT CAUSES  (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH?
ZIA, EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID (If in Baltimare City, give exact location) affice bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.    Cause of Death.   Cause of Death.   Street	
	Carey St. South of Washington Blvd
OF INJURY	
(APPROX.) 10/16/67 2:25 P. WHILE AT NOT AT V	WHILE X Pedestrian struck by bus
22. I certify that I held an Inquiry Inspection Au	and that on this bosis, death in my opinion
resulted from:, Notural couses Accident X Suicident	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL ////	DATE SIGNED
SIGNATURE M.C.	70
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 10/21/67
23A. BURIAL CREMATION, 23B. DATE 23C. WAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)
15491AL 10-24-67 Hutchins	son's WISE County YIRGINIA
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR A LA TUNE STALL ADDRESS
OCT 23 1967 Robert E. FarleyMI	Francis H. Mille 2101 / Freduich live
VS 151-REV. 1/1/65	





IMPORTANT

FUNERAL DIRECTOR:



	67	1003	BALTIMORE CITY	HEALTH DEPARTMENT	1/	67 10000
BIRTH NO.	01	7000	CERTIFICA	TE OF DEATH	Registered No.	07 10036
I. NAME OF DE	ECEASED J. (middle	e initia	1)	2. DATE	AND HOUR OF DEATH	
(Type or Print)	Frank Schwart	.7.			10-19-67	. P.
3. PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W	here deceased lived, If i	nstitution: residence before odmission
FULL NAME HOSPITAL OF	OF (If not in hospital R oddress or location		give street	Maryland  C. CITY OR TOWN (IF		Balls (RURAL ond give township)
/	St. Agnes	Hospita	1	Baltimore		53-00
40	Wilkens &			D. STREET ADDRESS	(If rurol, give location)	227
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In vents	If Under 1 Yr. If Under 24 Hrs.
Male	White		o, DIVORCED (specify)	5/25/84	lost birthday 83	Months Doys Hours Min,
OA. USUAL OC		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fo	oreign country)	12. CITIZEN OF
done during most	of working lile, even if retired)					WHAT COUNTRY?
Telegr		B & O	- retired	Marylan		USA
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN N	IAME	
John S	Schwartz			Unknown		
5. Wos Deceos	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknov	wn) (If yes, give wor or dote	s of service)	SECURITY NO.		11 100 -	2109
NO			705-05-7974	James J. Rid	gell, 109 S.	Longcross Rd.
DISEASES use lo UNDERLYII  OTHER SIG TO THE DISEASE O  19 A. DATE O  OR CONTRI DEATH (not)  21 D. TIME	LEADING TO DEATH not mean the made of e, osthenio, etc. It means amplication which caused  ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) NG CONDITION last.  INITICANT CONDITIONS C DEATH BUT NOT RELA OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner)	ony, giving stating the CONTRIBUTING ATED TO THE TOTAL TO THE TOTAL TOTA	E WHICH OPERATION  PLACE OF INJURY (e.g., in e., lorm, foctory, street, of	20A. AUTOPSY? (Yes or NO linjury occur?	(If in Bottimo	FINDINGS CONSIDERED AUSES OF DEATH?
OF INJURY			ile At Not Whil			inhalist
22. I certi	fy that (1) (this haspital	) attended t	he deceased from	1 0/19/6	/19 10	16/19/6/19
that (I) (w	e) last saw the decease	ed alive an	10/19/6	19 1 and	that in (my) (	inion death occurred an the dot
			/ /	iew the body after deat		The do
23A. SIGN A	TURE	7	Lath.D. Atte	minding Med. Director	Stoff Phy's.	23B. DATE SIGNED  10/20/67
PHYSIC NAME	(Type) W.E.	n c G	rath m.o.	23D. ASSES AGNA.	s Hosp B	2/to29md
REMOVAL	REMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION	City, town, or county) (State)
Burial	10/23/6		dowridge Ceme	tery	Baltimore	ADDRESS 21229
LUMI DATE REC		O P	A 7 A			Wilkens Ave. 221229
	OCT 23 1967	Levels	E, Jaiber MA	noward II. IId	DDara, 410/	WILLIE TIVE, ARADA
/S 150-REV. 1/	1/65	4			1	

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Chen Haven Mem Prek Chan Burgie Mid

VS 150-REV. 1/1/65

67	10039

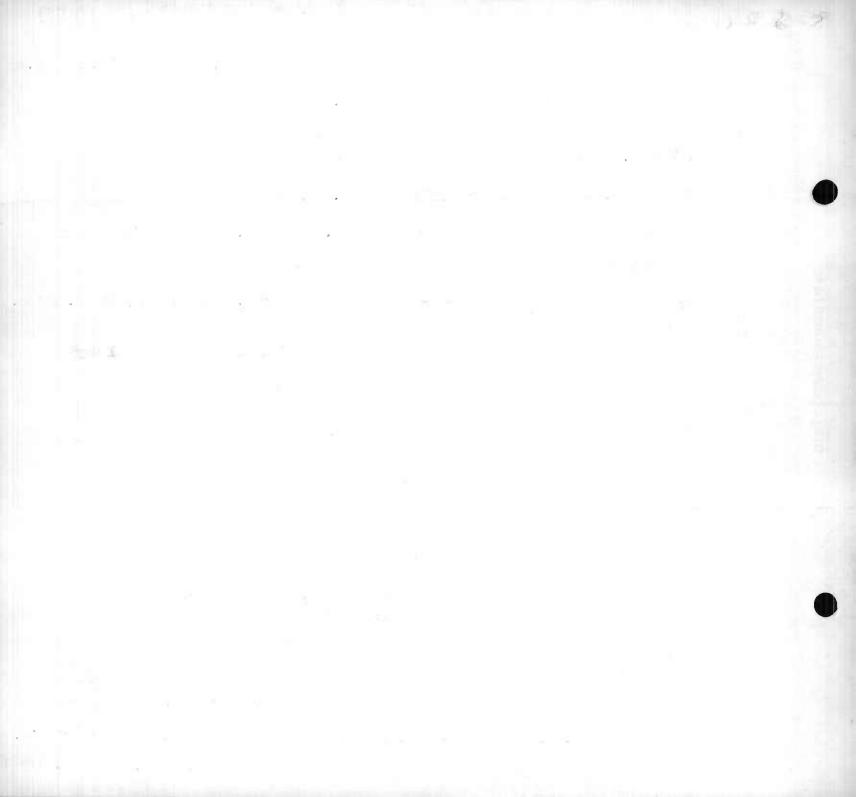
BALTIMORE CITY HEALTH DEPARTMENT

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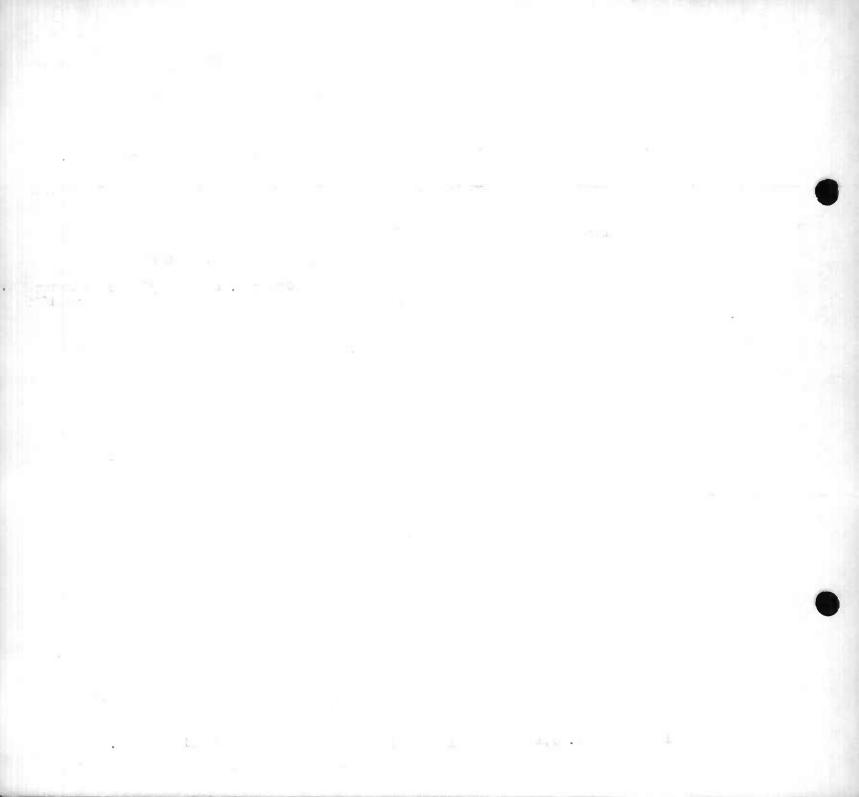
67	10039

M.E. CASE NO.  1. NAME OF DECEASED  Type or Print)		2. DATE AND HOU			
Sister Margare	t King	October 21	. 1967   12:10 A. N		
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	October 21, 1967   12:10 A. M. A. STATE  B. COUNTY  October 21, 1967   12:10 A. M.			
FULL NAME OF (If not in hospitol oddress or location INSTITUTION	or institution, give street n)	Md. Baltimore City C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
4			ve location)		
Villa St. Michael		4000 Forest Hill	Road, 21207		
Female White  A USUAL OCCUPATION (Give kind of world)	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Never Married	lost birt			
A, USUAL OCCUPATION (Give kind of work one during most of working lite, even if retired)	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign cour	12. CITIZEN OF WHAT COUNTRY?		
Retired	Sister of Charity	St. Louis Mo	United States		
FATHER'S NAME	bister of onarroy	St. Louis, Mo.	unitied States		
Tonomial Wilson					
Jeremiah King Wos Deceased Ever in U. S. Armed For	rces? 1 6. SOCIAL	Margaret Kelly	ADDRESS		
es, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.				
No	216-54-8703	Sister Andrea, 4	000 Forest Hill Rd. Balto		
18. 420.11	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DI	RECTLY		ONSEL AND DEATH		
LEADING TO DEATH	(A)	coronary Occlusion	1 day		
(This does not meon the made of		- No. 18 . 18 . 18 . 18 . 18 . 18 . 18 . 18			
heart failure, asthenia, etc. It means	death )				
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, if		***************************************			
UNDERLYING CONDITION Iost.	(0)				
11					
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED	ATED TO THE				
19A. DATE OF OPERATION 19B. CON		[20 A. AUTOPSY? (Yes or No)] 208.	IF YES, WERE FINDINGS CONSIDERED		
None WAS PER	FORMED	IN C	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore City, give exoct location)		
21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY O	CCUR?		
(APPROX.)	While At Not W	hile			
	TOOK - CI TO	rk 🗀			
22. I certify that (1) (this hospita that (1) (we) last saw the decease	l) ottended the deceased fram	January 19, 1900	Dctober 21, 1967		
and haur and from the causes sta					
23A. SIGNATURE	Too above. (1) (me) (ala) (ala liai)	view the budy uner death.	23B, DATE SIGNED		
Semini!		Attending Med. Stoff Phys.			
23C. PHYSICIAN'S	- Let	23D. ADDRESS			
NAME (Type)	//	22011	180Beath M		
	// M.	che la della	ON MADRIEL ZYM		
A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF				
Burial Oct.23	1967 Seton Cem.	on grounds of Seto	n Inst., Reisterstown Rd		
A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS		
OCJ 23 1967	P. D. F E. Farley M. S.		CO.108 W.North Av.City		

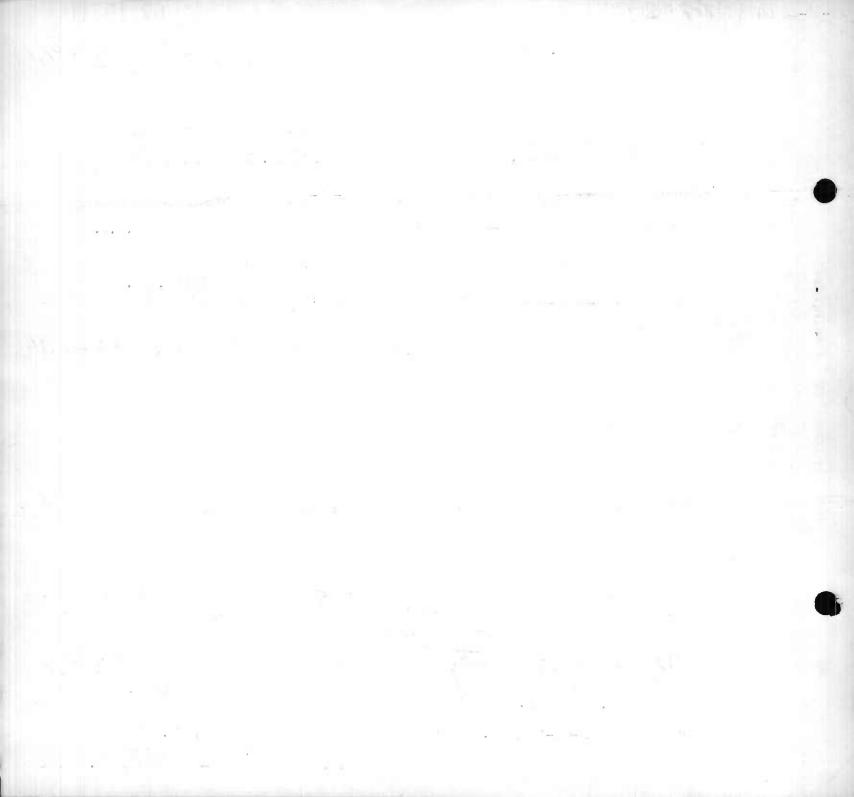
VS 150-REV. 1/1/65

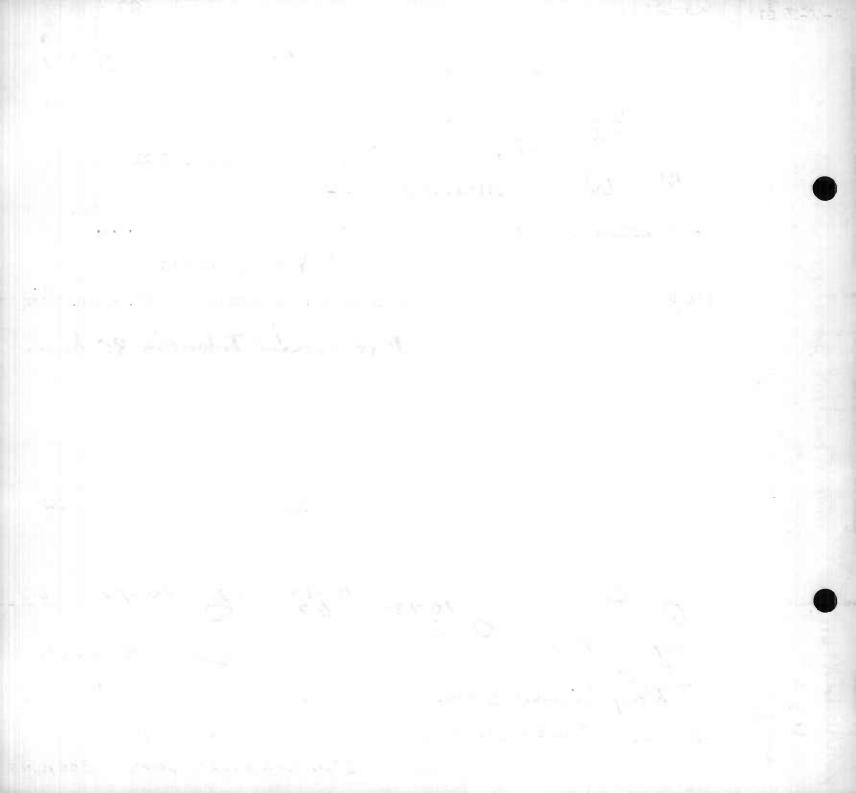


		1004		TE OF DEATH	Registered No.	07 10040
IRTH NO.			CEKTIFICA			
NAME OF DE	CEASED	1	_	2. DATE	AND HOUR OF DEATH	
Type or Print)	arrett E.	Howa	ar P		10/20/67	7 2:15a. mm
. PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND		A. STATE B. CO	NINUC	nstitution: residence before admission)
FULL NAME		ar institution, .	give street	Mary (and		RURAL and give township)
INSTITUTION				Baltinoi		53-00
DA.	1.00 6000	/	11. 21	D. STREET ADDRESS	(If rural, give location)	
Mary	land Gen	ero-1 1	Hospital	Terrace	Rd 6030 The	e Terraces Rd.
. SEX	6. RACE	7. MARRIED.	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
A USUAL OCC	UV	LINE KIND OF	Wildowed BUSINESS OR INDUSTRY	02/25/88		12. CITIZEN OF
	f working life, even if retired)	1		۸.	4	WHAT COUNTRY?
	Salesman	No	ne Retired	Maryl		4.5,A
3. FATHER'S NA				14. MOTHER'S MAIDEN	NAME	
3. Hou	ward				Not Kno	own
. Was Decease	d Ever in U. S. Armed Fa	rces?	16. SOCIAL	17. INFORMANT HOS	ter S. Howard	ADDRESS
ND	my yes, give wor or don	es of service/	216-10-8499	SON (FO	ster Howard	030 The Terraces R
18. 4 2	Q./ I		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	M.	ocardial In	Cutin	7 2000
(This does			(A) \ /\U	ocardia I La	starcion	1 4 445
(TITIS GOES	not mean the mode of	dying, e.g.,	DUE TO			1
heart foilure,	, oslhenio, etc. It means	the disease,	DUE TO (			,
heart foilure,	, osthenio, etc. It means mplication which caused	the disease, I deoth.)	DUE TO V			
hearl foilure injury or co	, oslhenio, etc. It means mplicotion which caused ANTECEDENT CAUSES	the disease, deoth.)	DUE TO J			,
heart foilure injury or con	, osthenio, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, I deoth.)	(B)			
heart foilure, injury or con	, oslhenio, etc. It means mplicotion which caused ANTECEDENT CAUSES	the disease, I deoth.)	(B)			
DISEASES rise to the UNDERLYIN	, osthenio, etc. It means mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A)	the disease, I deoth.)	(B)			
hearl foilure, injury or con  DISEASES rise IO III UNDERLYIN	, osthenio, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) IG CONDITION last.	the disease, I death.) any, giving stating the	(B)			
DISEASES rise Io II UNDERLYIN  OTHER SIGN TO THE C DISEASE OR	, osthenio, etc. It means mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) is CONDITION lost.	the disease, I deoth.)  any, giving stating the CONTRIBUTING ATED TO TH	(B)			
DISEASES rise Io II UNDERLYIN  OTHER SIGN TO THE C DISEASE OR	, osthenio, etc. It means mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) is CONDITION lost.	any, giving slating the	(B)			FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise Io II UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A-DATE O	, oshenio, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTING ATED TO THE IT.	(B) DUE TO  (C)	20A. AUTOPSY? (Yes o	T No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact lacotion)
DISEASES rise Io II UN DERLYIN  OTHER SIGN TO THE DISEASE OR 19.4. DATE O  21.4. ACCIDE OR CONTRIB	, osthenio, etc. It means mplicotion which couses ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) (G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTING ATED TO THE IT.	G (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	20A. AUTOPSY? (Yes o	T No) 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DISEASES rise IO II UN DERLYIN  OTHER SIGN TO THE DISEASE OR  19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif	OR CONDITIONS, if ne obove couse (A) G CONDITION last.  HIFICANT CONDITIONS (A) CONDITION CAUSING CONDITION CAUSING FOPERATION 198. CONDITION CAUSING	any, giving slating the CONTRIBUTING THE TOTAL T	G E WHICH OPERATION	20A. AUTOPSY? (Yes on or obout 21 C. WHERE DII	T No) 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DISEASES rise Io II UN DERLYIN  OTHER SIGN TO THE C DISEASE OR 19.A. DATE O  OR CONTRIB DEATH (notification) 21.D. TIME OF INJURY	OR CONDITIONS, if the course of the course o	any, giving slating the CONTRIBUTING ATED TO THIT.  CONTRIBUTION FOR MED  21B. ham etc.  (Hour) 21E.	GE WHICH OPERATION  PLACE OF INJURY (e.g., ire, form, foctory, street, of )  INJURY OCCURRED	20A. AUTOPSY? (Yes on obout 21C. WHERE DII fice bldg., INJURY OCCUR	T No) 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DISEASES rise IO II UN DERLYIN  OTHER SIGN TO THE CONTRIB DISEASE OR 19A. DATE O  21A. ACCIDE OR CONTRIB DEATH (notif	OR CONDITIONS, if ne obove couse (A) G CONDITION last.  HIFICANT CONDITIONS (A) CONDITION CAUSING CONDITION CAUSING FOPERATION 198. CONDITION CAUSING	any, giving slating the CONTRIBUTING ATED TO THIT.  CONTRIBUTION FOR MED  21B. ham etc.  (Hour) 21E.	G E WHICH OPERATION  PLACE OF INJURY (e.g., irree, form, foctory, street, of its form)  INJURY OCCURRED  ile A1 Not Whill	20A. AUTOPSY? (Yes on obout 21C. WHERE DII fice bldg., INJURY OCCUR	T No) 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DISEASES rise IO II UN DERLYIN  OTHER SIGN TO THE ID DISEASE OR 19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif	OR CONDITIONS, if ne obove couse (A) G CONDITION last.  IIIICANT CONDITIONS (DEATH BUT NOT RELATED NOT CONDITION CON	any, giving slating the CONTRIBUTING ATED TO THIS.  CONTRIBUTION FOR A FORMED  218, ham etc.  (Hour) 21E, Wh. Wa	G E WHICH OPERATION  PLACE OF INJURY (e.g., ir e, form, foctory, street, of INJURY OCCURRED ite A1  Not While the A1 Work	20A. AUTOPSY? (Yes on obout 21C. WHERE DII injury occur	T No.) 20B. IF YES, WERE IN CERTIFYING CA	re City, give exact lacotion)
NOTHER SIGN TO THE DISEASE OF THE DISEASE OR THE DISEASE OR THE DISEASE OR THE DISEASE OR CONTRIBUTED OF THE DISEASE OF THE DI	, oshenio, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTING ATED TO THAT.  ADITION FOR MED  21B. ham etc.  (Hour) 21E. Wh. wa	G E WHICH OPERATION  PLACE OF INJURY (e.g., ir e, form, foctory, street, of INJURY OCCURRED ite A1  Not While the A1 Work	20A. AUTOPSY? (Yes on or obout 21 C. WHERE DII fice bldg., INJURY OCCUR	O (If in Boltima)  INJURY OCCUR?	re City, give exact lacotion)
DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19 A. DATE OF OR CONTRIB DEATH (notification)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we	, oshenio, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) (G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTING ATED TO THIT.  CONTRIBUTION FOR VECTOR (Hour)  21B. ham etc.  (Hour)  21E. Wh. Wa	G E WHICH OPERATION  PLACE OF INJURY (e.g., ir e.g., form, foctory, street, of the form)  INJURY OCCURRED  ile Al	20A. AUTOPSY? (Yes of or obout 21C. WHERE DII fice bldg., INJURY OCCUR	r No) 208. IF YES, WERE IN CERTIFYING CA	re City, give exact lacotion)
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-	21	BALTIMORE 21		Anna I	BOX 146 RT		88
-	FEMALE	6. RACE WHITE	7, MARRIED, NEVER MARI WIDOWED, DIVORCED SINGLE	(specify)	10-30-18	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours
done	during most of Office	working life, even if retired) Work	10B, KIND OF BUSINESS OF		MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. F	ATHER'S NA	SPENCER	MORT	14.	ETHEL Fru	shour	
15. W (Yes,	os Deceosed no or unknown No	Ever in U. S. Armed Ford	of service) 16. SOCIAL SECURITY	ilable R	EU ORDS: BCH	2122 4940 EASTERN	24, MD. ADDRESS N AVENUE BALTIMOF
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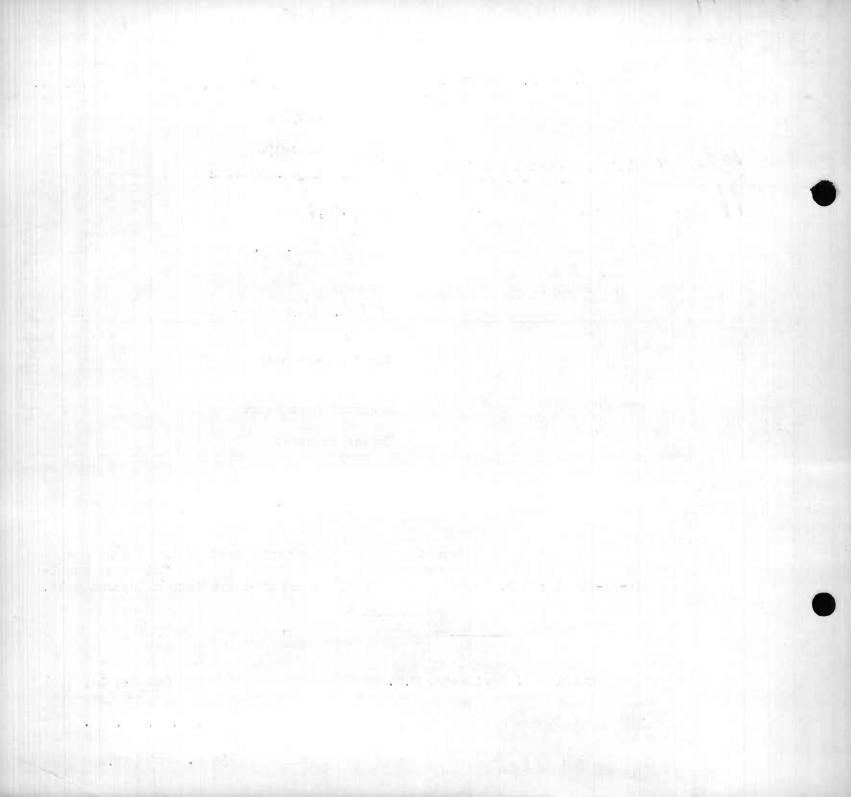
Promition of 11# IS STIE W/201 11/3/62 61.10 3-45-9 Alba Fite Chart Dina Hope -04 Osepose Permany man frest. Playing lyghesten Bran Stone a home 10/11/01 - 9/ 3//01 F. lank Bouger Sure Hospital Bether,

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

5-652	O A A	Y HEALTH DEPARTMENT		67 10044
BIRTH NO. 67 10	U44 CERTIFICA	ATE OF DEATH	Registered No.	07 10044
M.E. CASE NO.  1. NAME OF DECEASED	1	2. DATE AN	D HOUR OF DEATH	
(Type or Print) Wasi Skr	ENCZUK	10	-19-69	14:35 P.M
S. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		tution: residence belore admission)
FULL NAME OF (If not in hospital or instituted address or location) INSTITUTION	tion, give street	C. CITY OR TOWN JUF OUT	side city limits, write RU	RAL and give township)
43		Balt	more'	21226
& H Baltimars &	ENERAL HOCK	D. STREET ADDRESS	ngl, give location)	St.
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	P. AGE (In year)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
M White 2	didowEr	4-26-1889	80	
DA. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired)	0.	_	gn country)	12, CITIZEN OF WHAT COUNTRY?
Loa / Presser - Beth Steel	NONE-Ketwed	14. MOTHER'S MAIDEN NAM	USSIA	USA
Onknown		Unknoun		
i. Was Deceased Ever in U. S. Armed Forces? es,no or unknown)(II yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
Le NUIT		+Amily		game.
18.443X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Ce	rebral Henrol	rhage	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO	***************************************	0	<ul> <li>** ** ** ** ** ** ** ** ** ** ** ** **</li></ul>
ANTECEDENT CAUSES	(B) bly	pertensión		
DISEASES OR CONDITIONS, if any, gi	ving DUE TO	pertensión erio o clero tis Ca	112 1/2000	
rise to the obove cause (A) stating UNDERLYING CONDITION last.	The (C)	CO PCENOTAL CO	Distas	
- 11			90,3-00	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	21B. PLACE OF INJURY (e.g.,	in or about 215 WHERE DID		City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	til in politimore v	city, give exact location/
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not Whi			
22. I certify that (+) (this hospital) attend	led the deceased fram	10-18	967 10 /	0-19 19 67
that (#) (we) lost sow the deceased alive	on 10-19	1 7	•	on death occurred on the dot
and haur and from the couses stated above	ve. (1) (We) (dld) (did not)	view the body after deoth.		
23A. SIGNATURE	M.D. At	tending	Stoll 7	3B. DATE SIGNED
23C BHYSICIANS	NOUT) Ph	tending Med. Director  23D. ADDRESS	Phys.	10-20-67
23C. PHYSICIAN'S NAME (Type)	) 1 A M.D.	1- 13 7:0	14 54	
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CH	12/3 19/12/12/12/12/12/12/12/12/12/12/12/12/12/	CATION (City,	town, or county) (State)
REMOVAL (Specify)				
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 4200 Ban.	ary hand- nythe appress 1226, Md.
	, Starbey M.A.	John W. Hah	Ba 170. 2	1226, Md.
'S 150-REV. 1/1/65	F. Add A. St. St. St.			



1. NAME OF DECEASED	JOHN J. ROBER	RTSON			r 19, 1967		11:16 P <sub>t</sub>
3. PLACE IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY Maryland					
FULL NAME OF (IF NOT HOSPITAL OR ADDRES	IN HOSPITAL OR INSTITUT	TON, GIVE STREET	c. CITY OR TOW	N (If outside o	orporote limits, write	e RURAL ond	give township)
South Baltimon	ce General Hosp	oital (DOA)	D. STREET ADDR	O4 Jack			
5. SEX 6. RACE Male Whit	widowed, di e Marr		8. DATE OF BIRTH	9407	9. AGE (In years last birthday)	Months, D	Yr. If Under 24 Hrs. oys   Hours   Min.
10A. USUAL OCCUPATION (Gived one during most of working life, every plumber)			Ralt	o. Nd.	country)	12. CITIZEN WHAT	OF COUNTRY? USA
Robert	Robertson		14. MOTHER'S MA	ospphine	Twigg		
15. WAS DECEASED EVER IN (Yes, na ar unknown) (If yes, give		6. SOCIAL SECURITY NO.	Mrs. Lec	na Rober	rtson	ADDRESS	Same
(This does not mean th	TO DEATH  e made of dying, e.g., c. It means the disease,		OF DEATH	oonade			NTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (c) Impact to chest							
RISE TO THE ABOVE CA	AUSE (A) STATING THE ION LAST.	DUE TO					
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RISE TO THE ABOVE CAUNDERLYING CONDIT	AUSE (A) STATING THE ION LAST.  DONDITIONS CONTRIBUTING TO THE NOT RELATED TO THE NOT REL	DUE TO  (C)	20A. AUTOPSY? Yes n or oboul 21C. W ffice bldg., INJURY Frai 21F. HO WHILE X tru apsy X and	Yes or No) 200 IN S HERE DID (IF OCCUR? nkfurst (W DID INJURY 1ck that thot on this	Yes n Boltimore City, gi east of 2n occur?  ran into basis, death in n determined manno	ses of DEAT ve exoct local ad Street river of telephony opinion	et 5 of panel-
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Md.

IMPORTANT

FUNERAL DIRECTOR:

ABIBIB HAM 

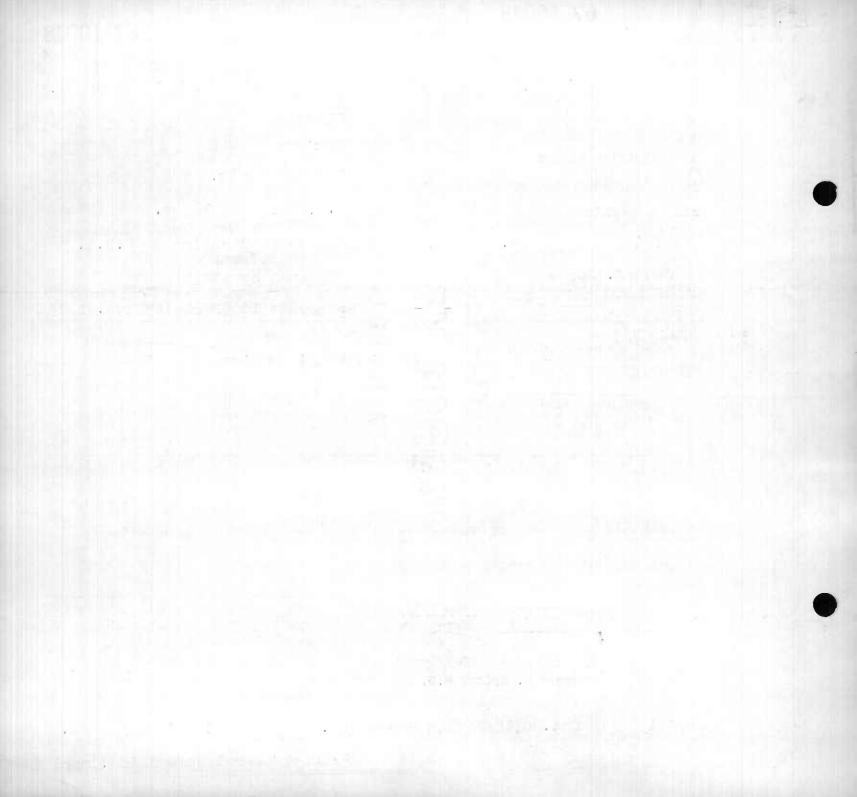
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The same of the sa J-520

67 10048 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	EDICAL EX	CAMINER'S CI	ERTIFICATE OF	DEATH Registe	red N67 10048
M.E. CASE NO.					
1. NAME OF DECEASED			2. DATE AN	D HOUR PRONOUNCE	ED DEAD
JAMES	W.	JONES	Oct	ober 16, 196	7   8:15 A. M
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONO!	JNCED DEAD	A. STATE	deceosed lived. It insti B. COU	NTY
FULL NAME OF (IF NOT IN HO ADDRESS OR	SPITAL OR INSTITU	JTION, GIVE STREET	Maryland c. CITY OF TOWN (If outside	de corporote limits, write	RURAL and give township)
INSTITUTION			Baltimore		25-5
1000 Parksley Str	eet		D. STREET ADDRESS (If ruro	l. give location)	200.
00			1000 Parks1		
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Male White	Marı		Dec.8,1888	lost birthdoyl Zeyrs	Months, Doys Hours, Min.
10A. USUAL OCCUPATION (Give kind o		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if ret	Md. I	Drydock	Saluda South	Carolina	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM		0.0.2.
John J. Jone	2 0		Dogganala 1	I and mana	
15. WAS DECEASED EVER IN U.S. AF		16. SO CIAL	Rosanah I	nartzoge	ADDRESS
(Yes, no or unknown) (If yes, give wor or		SECURITY NO.			
no none	8	216-01-0367	Anna Jones :	1000Parksl	ey Ave.21223
18. // > > 1		CAUSE	OF DEATH		INTERVAL BETWEEN
Tales on countries	I DISEASIV				ONSET AND DEATH
DISEASE OR CONDITION		Artor	iosclerotic Car	diamagnilan	Disco
		DUE TO	TOSCIETOLIC CAT	ulovasculai	Disease
(This does not meon the mod heart foilure, asthenia, etc. It r injury or complication which co	neons the disease, used death.)				
ANTECEDENT CA	USES	(R)			
DISEASES OR CONDITIONS,		DUE TO			
UNDERLYING CONDITION L	AST.				
Z		(C)			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO.		1 1 1 9 1 1 1			
OTHER SIGNIFICANT CONDITI					
DISEASE OF CONDITION CAL		HE			
19A. DATE OF OPERATION 19B.		WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE FIL	NDINGS CONSIDERED
WAS	PERFORMED			IN CERTIFYING CAUS	
ZIA, EXTERNAL CAUSE WAS	losa	DI ACC OF INITION /	No No	(1/ 1 0 1/1 0 1/1	
	21 B. home	, form, foctory, street, o	n or about 21C, WHERE DID ffice bldg., INJURY OCCUR?	(It in Boltimore City, gi	ve exoct locotion)
UNDERLYING OR CONTRIB-	etc.)				
21D TIME (Month) (Doy)	(Yeor) (Hour) 2	1E. INJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?	
OF INJURY					
(APPROX.)	m.	WHILE AT NOT V	ORK		
22. I certify that I held a	a Inquiry	Inspection X Aut	and that an th	de basis double in m	enlalen
				is bosis, death in m	
resulted from: Natura	causes A	ccident Suicide	Hamicide 🗌	Undetermined manne	er
1:111	. 1 1		CHIEF MEDICAL E	XAMINER	
ACTUAL ////	Mela	7021			DATE SIGNED
SIGNATURE / LLC /	1	M.D.			10/16/67
EXAMINER'S Wer	ner U. Spi	tz, M.D.	ASSOCIATE MEDICAL E	XAMINER	10/16/67
23A, BURIAL CREMATION, 23B. DA	TE 23	. NAME OF CEMETERY .	CREMATORY 23D.	LOCATION (City,	town, or county) (Stote)
REMOVAL (Specify)	+ 20 70	77 (17			
Burial Oc	t.20,196	Glen Have	n Cem. F	Ritchis His	shway Md.
24A. DATE REC'D BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL DIRECTO	R	ADDKE22
OCT 23 1967	1 00 0 Be	S Fr. Owner	Krange Fur	ners I Home	1216S.Charles
		The state of the s	TYT COCCO T. DI		IZIDS Libonion

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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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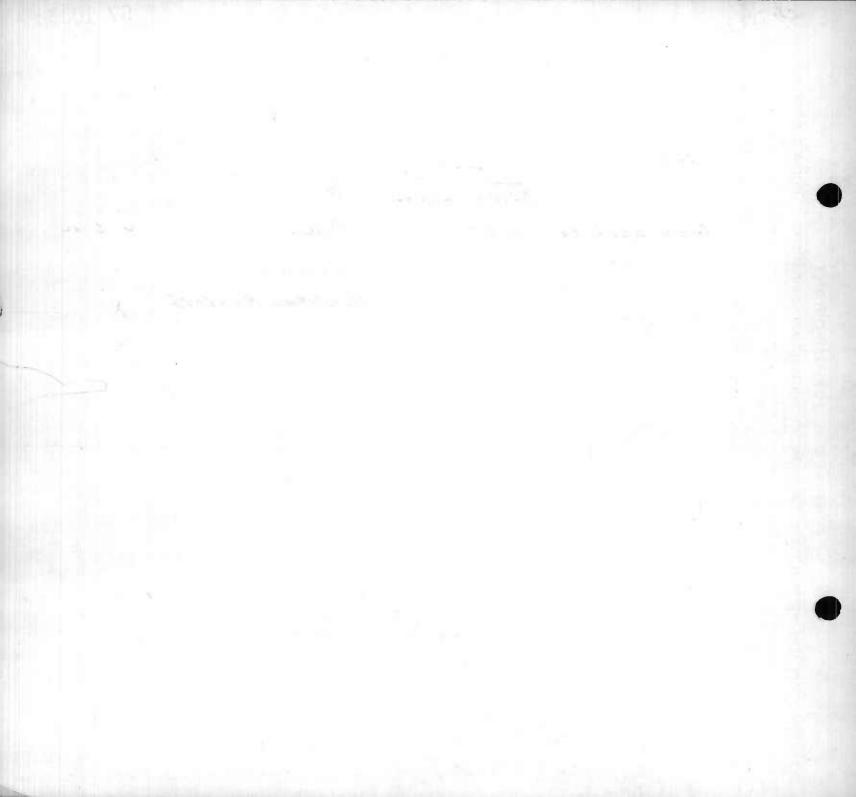
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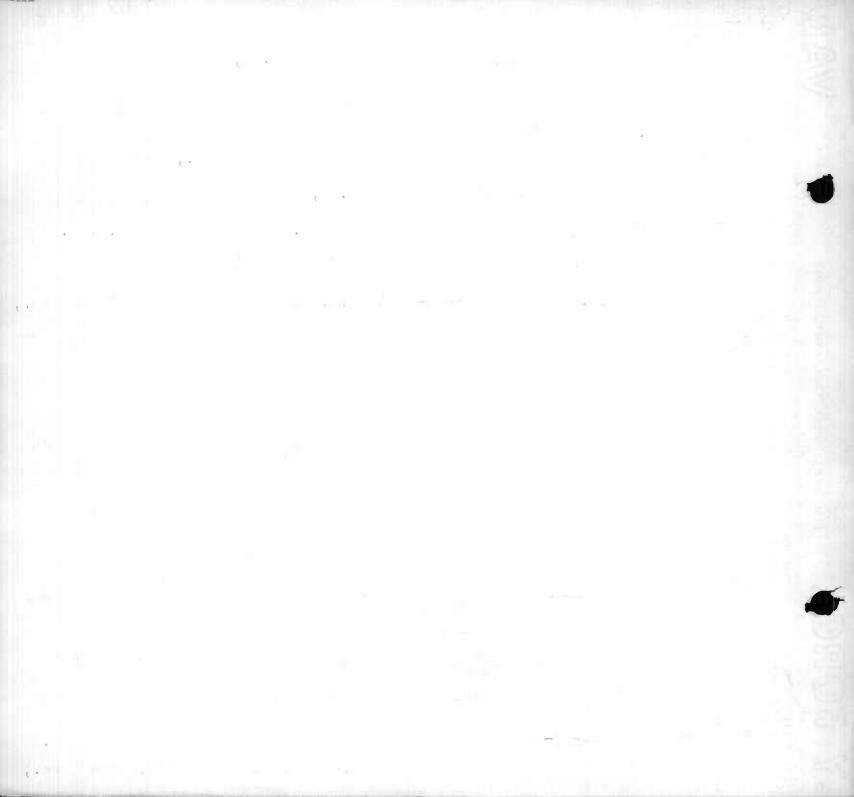
BIRTH NO.	TOOOT		TE OF DEATH	Registered Ng.	67 10051
M.E. CASE NO.  1. NAME OF DECEASED	CE	KIIFICA		D HOUR OF DEATH	
	PORRIS. 1	MORRIS SA		1/6/60	111 AM.
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND		4. USUAL RESIDENCE (Wheel		ution: residence before admission
FULL NAME OF (If not in hospital or i	nstitution, give street		MARYLAND		
HOSPITAL OR oddiess or location) INSTITUTION			C. CITY OR TOWN (If out	side city limits, write RUR	AL and give township)
SINAI HOSPITAL			D. STREET ADDRESS (III	rural, give location)	2/-/20
42			4601 PALL MA		
5. SEX 6. RACE 7.	MARRIED, NEVER M		8. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs lonths; Doys Hours; Min.
MALE WHITE	WIDOWEI	_	JANUARY 1, 1890	<b>88</b> 77	donn's Doy's Hours Will.
10A. USUAL OCCUPATION (Give kind of work 101 done during most of working life, even if retired)	B. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?
SALESMAN	MEAT BROK	KER	RUSSIA		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	
UNKNOWN			UNKNOWN		
15. Was Deceased Ever in U. S. Armed Farces' (Yes, no or unknown) (II yes, give wor or dates o		AL RITY NO.	17. INFORMANT		ADDRESS
NO	215-0	01-4482	MR. DAVID SALGA	NIK, 3210 BON	NIE ROAD #21208
18.420,11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY	A	LINCHEDIA 24	CHEENIELING	10/15/20/16
(This does not mean the made of dy	ing, e.g.,	DUE TO	YOCAPDIAC IN	MIT IMPRO	10/10/11/
heart failure, asthenia, etc. It means the injury or camplication which caused de	e diseose, oth.)	1	cus	/	CARPONDC.
ANTECEDENT CAUSES		(B) A	(601)		Carevac
DISEASES OR CONDITIONS, if any		001.0	4 1		
rise to the above cause (A) sta UNDERLYING CONDITION last.	oling the	(C)		200000000000000000000000000000000000000	***************************************
_ []					
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR 19B		MANAGER	PULLEON HY DIS	EXE	
DISEASE OR CONDITION CAUSING IT.	ION FOR WHICH OF	PERATION	20A. AUTOPSY? (Yes or No		DINGS CONSIDERED
WAS PERFOR				IN CERTIFYING CAUSE	
OR CONTRIBUTION OF CALLED	21B. PLACE O	F INJURY (e.g., in	n or about 21 C. WHERE DID	(If in Boltimore Ci	ty, give exact location)
O DEATH (notily medical examiner)	etc.)				
W OF INITION	Tour) 21E, INJURY C	DCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work	Not Whil At Work	e	/	(
22. I certify that (I) (this hospital) a	ttended the deceas	sød frøm	10/15/07- 1	9 10/0/16/	(1). 19
that (1) (we) last saw the deceased a	ilive an 10	16/6/1.	19 and the	at In(my) (aur) apinia	n death accurred an the dat
and have and from the causes stated			riew the bady after death.		
23A. SIGNATURE			Hotes		B. DATE SIGNED
petter-		M.D. Atte	ending Med.  Director	Stoff Phys.	(0/16/61).
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
		M.D.		184. Y	
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE	24C.NAME of CE	METERY OF CRI			town, or county) (State)
BURIAL 10-18-67	SHAAREI			ALTIMORE, MARS	
25A. DATE REC'D BY HEALTH DEPT. 251	B. NAME OF REGISTR	_	25C. FUNERAL DIRECTOR	PRACTUO (A)	ADDRESS  ADDRESS  ADDRESS
DCT 93 1967 P	D. A. E. Ja	Dey PLS	SOL LEVINSON &	DKUS. INC. , 601	10 REISTERSTOWN 1



67 10052 CERTIFICATE OF DEATH Registered No BIRTH NO. Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH MARK FRANCES (Type or Print) 10.21.67, 11.50 AM A. USUAL RESIDENCE (Where decased lived. If institution: residence before admission)
A. STATE
B. COUNTY MARYLAND - 21228. C. CITY OR TOWN (If outside city limits, write RURAL and give township) 309- IN GLESIDE AVENUE If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U. S. a ADDRESS INTERVAL BETWEEN ONSET AND DEATH CEREBRAL HAEMORRHAGE SCVD , ATRIAL FIBRILLATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimoro City, give exoct location) ond that In(my) (our) opinion death occurred on the date 23 B. DATE SIGNED HOSPITAL (City, town, or county) VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT





BIRTH NO. M.E. CASE NO.	10055 CERTIFICA	TE OF DEATH	Registered Na	. 67 10055		
I NAME OF DECEASED		2. DATE AL	ND HOUR OF DEATH			
Julia Sermons		10-1		9:30 P.M.		
	institution, give street	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss A. STATE B. COUNTY Mde C. CITY OR TOWN (If outside city limits, put RURAL and give township)				
HOSPITAL OR address or location) INSTITUTION			tside city limits, weite	RURAL and give township)		
Little Sisters		Baltimore D. STREET ADDRESS (If	rurol, give location)	-0/		
70 1200 Valley St	., 21202	1200 Valley S	t.,	£ 7 " " " " " " " " " " " " " " " " " "		
FW	MARRIED, NEVER MARRIED WIDOWED, BIVORGED (specify)	7-6-1894	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.		
ioA, USUAL OCCUPATION (Give kind of work) indone during most of working life, even if retired) Seamstress				12. CITIZEN OF WHAT COUNTRY?		
3. FATHER'S NAME		Baltimore 1	1d	USA		
George W. Sermons			rtholmeus			
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give wor or dotes	s? 16. SOCIAL	17. INFORMANT		ADDRESS		
no	SECURITY NO. 215-07-4064A	Little Sisters	of the Por	or		
18. 153 8 1	CAUSE O	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIREC	(A)	of the see	100			
(This does not mean the made of d heart failure, asthenia, etc. It means the	lying, e.g., DUE TO	A	10 00 0 000 0 000 0 0 0 0 0 0 0 0 0 0 0			
injury ar camplication which caused d	eath.)	of The Ree	low			
ANTECEDENT CAUSES	DUE TO	<b></b>	***************************************			
DISEASES OR CONDITIONS, if an						
underlying condition last.	itating The (C)	**************************************	**************************************	88 88 84 88 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION WAS PERFO		20 A. AUTOPSY? (Yes or N	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If in Boltima	ore City, give exact location)		
O 21 D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
(APPROX.)	While At Not Whil	e 🗀				
	Work Al Work			n + 10		
22. I certify that (1) (this hospital)	attended the deceased fram	***************************************	1966 to C	196		
that (1) (we) last saw the deceased	olive on Cot 19	196 and th	at in (my) (our) ap	inian death occurred on the do		
and haur and fram the causes stated	d abave (We) (did) (did pat) v	riew the bady after death.				
23A. SIGNATURE Leenly	Attended Attended Phy	ending Med.	Stoff Phys.	23B. DATE SIGNED 7		
23C. PHYSICIAN'S NAME (Type) Stanley Ankudas	6	23D. ADDRESS	hoice Lane	Balt. Md.		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 10/23/	24C. NAME OF CEMETERY OF CRI			City, town, or county) (Stote)		
25A. DATE REC'D BY HEALTH DEPT. /21	Dorty & Andrews	25C PUNERAL DIRECTOR	Church O	ADDRESS 302		
/S 150-REV. 1/1/65	New York	1 ruly 14	surg semo	Meumot		
		10 10 10	V			

as humani of the encour 000.00 00219 67 Flowly Consumery v 15.21

BALLERING MARKAND ROOM 1200 WALLEY STREET

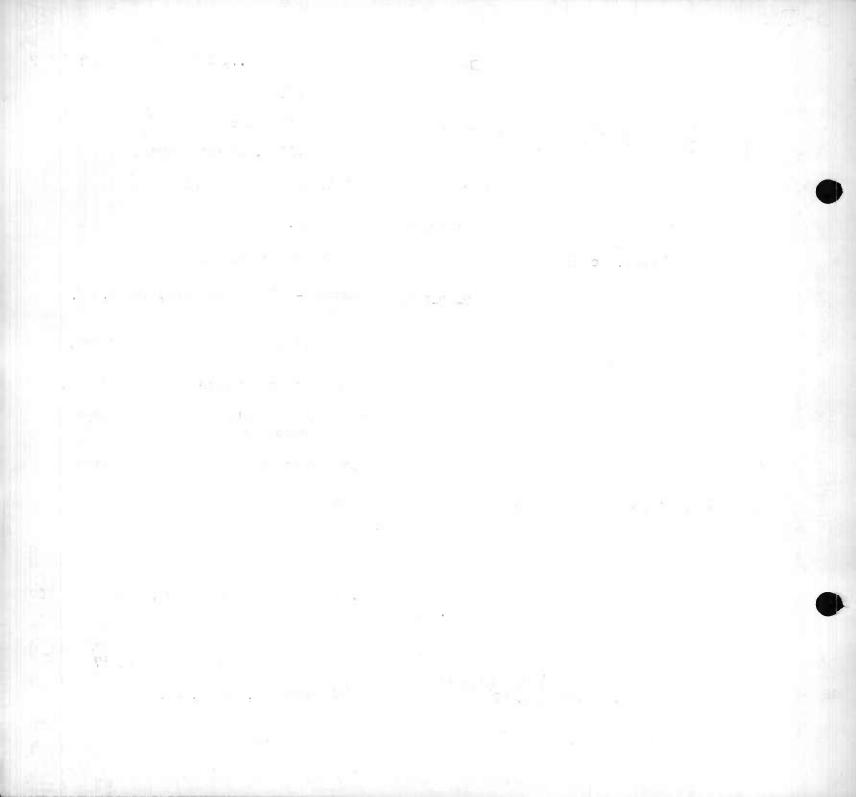
AND STREET STRE

Several and the second of the

water range against

5-	5201
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approvel must be obtained before the remains are embalmed or final disposition is made.

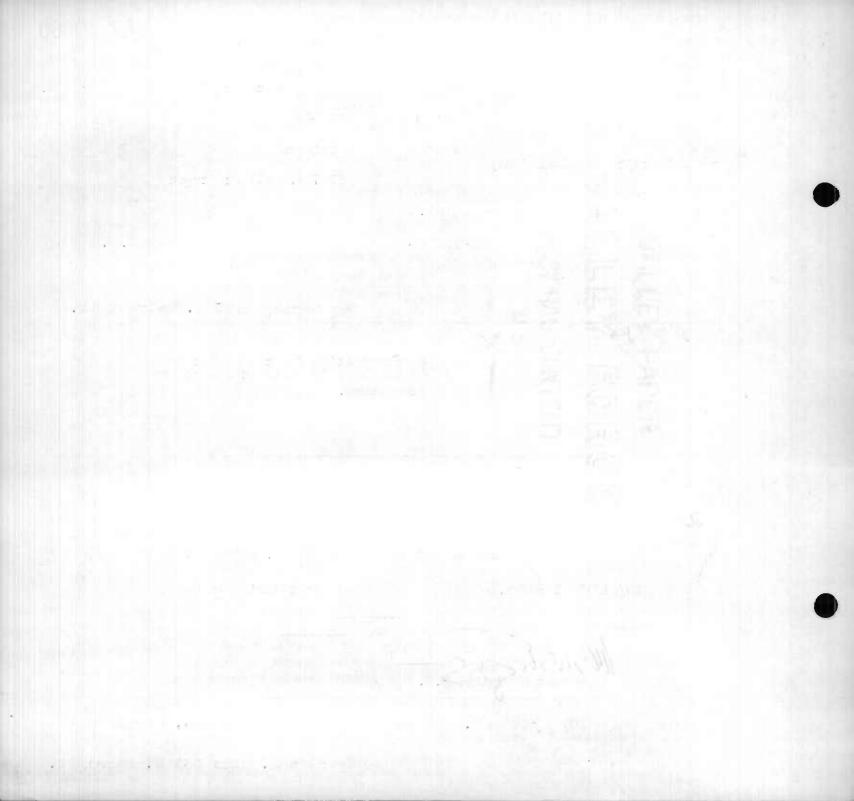
1. NA	CASE NO.		ATE OF DEATH  2. DATE AN	D HOUR OF DEATH	
	or Print) BAS4	Boy SIMS		10 - 1.	0 61 A:017
3. PL	ACE OF DEATH IN BALTIMORE, MAR	YLAND /	4. USUAL RESIDENCE (When	e deceosed lived. If institu TY	ution: residence before odmissio
		r institution, give street	Md 21H Vone	St. BALT	0 1110 23
	OSPITAL OR oddress or location) ISTITUTION		Balto ma	side city limits/ write RUR	Al ond give township)
-	10000			rusol, give locotion)	20-00
0	4 HON SECONARS	HAT	2111 VINES	0	
5. SE)	X 6. RACE	. MARRIED, NEVER MARRIED		9. AGE (In years	f Under 1 Yr. If Under 24 Honths; Doys Hours; Min
	M	WIDOWED, DIVORCED (specify)	10-8-67	lost birthdoy) M	Nonth's Doys Hours Min.
	USUAL OCCUPATION Give kind of work	OR KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country) 1	2. CITIZEN OF WHAT COUNTRY?
one o	during most of working life, even if retired)		(100,11	HAIN	11877
13. FA	ATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	W (1
	會?		Daylord.	111 0110	
	as Deceased Ever in U. S. Armed Force		17. INFORMANT	4 3/145.	ADDRESS
1 622'L	no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	HOSPITAL 1	Pords	
11	B. 7 ( 1. 4. 1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY			ONSET AND DEATH
	LEADING TO DEATH	(A)	S'EPSIS		
1	(This does not mean the mode of heart foilure, osthenio, etc. It means	the disease,			
i	injury or complication which caused	death.)	MEMBRANDS A	MIRTIRATI )	of P.
	ANTECEDENT CAUSES	DUE TO	. minumum mi an an an al munaa alaa al al al al al al aga a a a al ag a d	Maharlanda Maharina Kana Munina adharia da	- B. J
	DISEASES OR CONDITIONS, if o		10000000000000000000000000000000000000		
l	UNDERLYING CONDITION lost.	***************************************	10000000000000000000000000000000000000		4
z	OTHER SIGNIFICANT CONDITIONS CO	NITRIBILING	WATER TO THE	II YOUR YOU	
51.	TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO THE	PREMEATE	IRITU	A FILE DILL
FICA	9A. DATE OF OPERATION 198. COND	TON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINI	DINGS CONSIDERED
ERTIFIC	O WAS PERFO	JKMED		IN CERTIFYING CAUSE	S OF DEATH?
C	OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore Ci	ity, give exact location)
CA	DEATH (notify medical examiner)	etc.)			
	21 D. TIME (Month) (Doy) (Year) OF INJURY		21F. HOW DID INJU	JRY OCCUR?	
2	(APPROX.)	While At Not Wh	k L		
2	22. I certify that (I) (this hospital)	attended the deceased from	10-1	9 6 1 ta 10-	-10 1967
	that (1) (we) last saw the deceased	1.1 1 -			n death accurred an the
a	and haur and fram the couses state	ed above. (I) (We) (did) (did nat)			
-	3A. SIGNATURE	1		23	B. DATE SIGNED
	alude (1.	Actoration M.D. At		Stoff Phys.	10-10-67
2	23C.PHYSICIAN'S NAME (Type)	THE LOW WITTE	23D. ADDRESS		
	ALEYDE A	7 NELOCATILI M.D	BON SEDALA	Be HISP.	
24A.	BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF C	REMATORY 24D. LC	CATION (City,	town, or county) (State
/	Threat 10/20/6	7 Stleten G	On 1	768 for	md
25A.	DATE REC'D BY HEALTH DEET	268. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	11)	ADDRESS
	001 60 1901	Chert E. Jahren	Thomas &	House, he	ce / solfo h



	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 40050
BIRTH NO.	67 10059 CERTIFICA	TE OF DEATH	Registered Na.	67 10059
M.E. CASE NO.	02.7777	D DATE AND	HOUR OF DEATH	
(Type or Print)	uson Eman		- 19-196	2 110.
3- PLACE OF DEATH IN BALTIMOR		4. USUAL RESIDENCE (Where	deceased lived. If institution	on: residence before admission)
CERIUFICA	LE AMENDED	A. STATE B. COUNTY	/	1
FULL NAME OF (If not in he oddress or	ospitol or institution, give street	C. CITY OR TOWN (If outside	de city limits, write RURAL	and give township)
INSTITUTION	11 0	2 1 1	e sto	
166 Lucie	rais Hospital		ol, give location)	-1210
40		917 Fra	mklinton	un Road
5. SEX   6. RACE	7. MARRIED, NEVER MARRIED			Jnder 1 Yr. If Under 24 Hrs.
MC	WIDOWED, DIVORCED (specify)	11/13/24 10	st birthdoy) Mon	oths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind	of work 10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF
done during most of working life, even it r		Ratti	0 5	WHAT COUNTRY?
apassing		14. MOTHER'S MAIDEN NAME		45
13. FATHER'S NAME	C	14. MOTHER'S MAIDEN NAME	0,1	
Johns	on Emanuel	vova,	indu	
15. Was Deceased Ever in U. S. Am (Yes, no or unknown) (If yes, give wor	ned Forces? 16. SOCIAL SECURITY, NO.	17. INFORMANT		ADDRESS
Mrs War &	Ew 215-18-6341	Dans	hter -	Same.
(A // 2 0 / 1	CAUSE	OF DEATH	1	INTERVAL BETWEEN
DISEASE OR CONDITION	ON DIRECTLY			ONSET AND DEATH
LEADING TO D	EATH (A)	Myocardi	al Infant	6
(This does not mean the man heart failure, asthenia, etc. It				-44.
injury ar camplication which				
ANTECEDENT C	AUSES (B)	ii quagayy mahalaha 7 7 ca m 7 70 20 30 00 00 00 00 00 00 00 00 00 00 00 00	p.pm mm m m m q. q. skelelenskens m skelelen skelelen (1920-1941) (1940-1941) (1940-1941)	000000010010000000000000000000000000000
DISEASES OR CONDITIONS				
underlying condition is		<del></del>		
	251,			
Z OTHER SIGNIFICANT CONDITI	ONS CONTRIBITING		A Comment of	
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	T RELATED TO THE			
U 19A. DATE OF OPERATION 19	B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FINDI	NGS CONSIDERED
19A. DATE OF OPERATION 19	AS PERFORMED	Yes.	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERL		in or obout 21C. WHERE DID	(If in Boltimore City	, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined		office bidg., INJURY OCCUR?		
U		21F. HOW DID INJUI	PY OCCUP?	
S OF INJURY	While At Not Wh		ti occor.	
(A PPROX.)	Work At Work			
22. I certify that (I) (this ho	ospital) attended the deceased from	10-19-19	64 10	10-19-67.
that (I) (we) last saw the de	eceased olive an 10 - 15	19 6 and that	in(my) (our) opinion	death accurred an the date
and have and from the cause	es stated abave. (1) (We) (did) ( <del>did nut</del> )			
23A. SIGNATURE			23 B.	DATE SIGNED
W. I.		tending Med. St	toff hys.	0-19-67
23C. PHYSICIAN'S		23D. ADDRESS	17 3.	9 11 -01
NAME (Type)	. Turkingia M.D	Luther	TAL HO	spital
44-16	1 2. 11-10		~ 17 C C C	
24A. BURIAL CREMATION, 24B. D.	ATE 24C. NAME of CEMETERY OF C	7 7 6	Tilly, lo	wn, or county) (Stote)
Bernal 10-	25-127 KJaktur 13	A Flarver Men	allerrae	Ina
25A. DATE REC'D BY HEALTH DEP	T. 25B. NAME OF REGISTRAR	29G. HUNERAL DIRECTOR	1915	Z W. ASTRESTION XI
OCT 231	961 Release E. Jakenia	surson DW	1001/1/1-	) IV Car o real
VS 150-REV. 1/1/65				

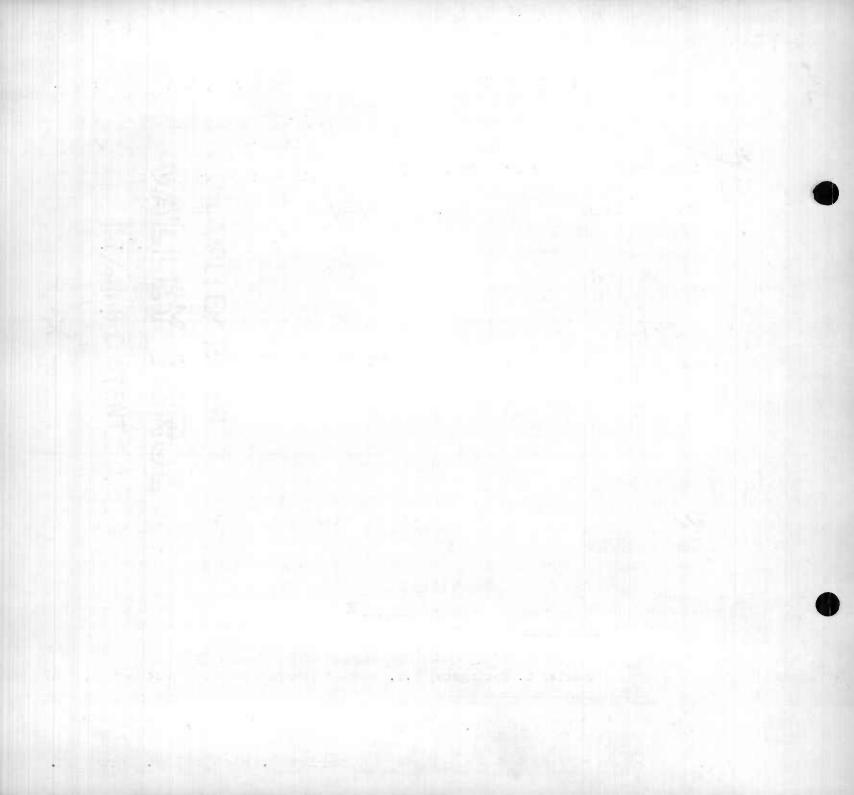
## 67 10060 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL FXAMINER'S CERTIFICATE OF DEATH Registered No. 10060

1	CASE NO.	MILD	CALLA	AMIIATER 2	EKTIFICA	IL OF L	JEA I I Kegisii	ered No		
<u></u>	CASE NO.					2 DATE AND	D HOUR PRONOUNC	ED DEAD		
(Type	FREDERICK			DORSEY			ber 21, 19		10:50	P.M.
	NAME OF (IF NO			TION, GIVE STREET	A. STATE Maryla	ence (Where	deceosed lived. If ins B. CO	titution: resi UNTY	idence before oc	dmission)
HOS		SS OR LOCA	TION)		Baltin		e corporate limits, writ	RURAL of	and give townsh	ip)
9	University H	lospita	L (DOA)		D. STREET ADD	RESS (If rural,	give location) vert Street			
5. SE	X 6. RACE			NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years	If Unde	er 1 Yr. If Under	24 Hrs.
	ale Neg		Never	Married	6/20/		lost birthdoy) 24		Doys Hours	Min.
done	usual occupation (Giduring most of working life, elaborer	ve kind of work ven if retired)		truction	Maryla		n country)	12. CITIZ	SOUNTRY?	
13. FA	James	Dors	ey		May Pa					
	AS DECEASED EVER IN	U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRES	S	
	no orunknown) (If yes, give	e war or dote	s of service)	SECURITY NO.	May D	orsey	1707 N. C	al <b>v</b> er	et St.	
NOI	(This does not mean the head foilure, as the not entirely or complication we have complication with the complete of the comple	TO DEATH he mode of tc. It means hich caused  IT CAUSE TIONS, IF A AUSE (A) ST	dying, e.g., the disease, death,)	XXXXX of	guination Chest inv lungs.	due to	Gunshot Worthe aorta a	and		
CERTIFICATION	OTHER SIGNIFICANT OF THE DEATH BUDISEASE OR CONDITIONS  ADDITIONS  OTHER SIGNIFICANT OF THE DEATH OF THE DEAT	ONDITIONS IT NOT REI IN CAUSING	ATED TO THE	HE OPERATION			20B. IF YES, WERE FI		EATH?	7
MEDICAL	TIA. EXTERNAL CAUSE WINDERLYING CAUSE OF CONTENTING CAUSE OF DEA  TO TIME (Month) OF INJURY APPROX.) 10/21/ 22. I certify that I resulted from:	(Day) (Year 67 10	Hon (Hour) 2' : 00 P W		VORK Stapsy Manual Manu	where DID (OCCUR?) 350 W. Fow DID INJURIOR during the during the during the decided by the decid	Tairmount Avery occur?  Ing argument  s bosis, death in the	t my apinio	18 - 0	/
22.4	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Werne:		tz, 1.D.	ASSISTANT M ASSOCIATE M	EDICAL EX	(AMINER		DATE SIG 10/22/67	7
REM	Burial CREMATION, SOVAL (Specify)	10/25		t. Auburn	or CREMATORY		ltimore,	Mary.		Stote)
24A.	DATE REC'D BY HEALTH	DEPT.	248, NAME	OF REGISTRAR		AL DIRECTOR			ADDRESS	
Vel	51-REV. 1/1/65	0 1301	( Tol see D	C, NOWHOPA	Charl	es A.	Rice 661	W. B:	arre St	, .
43	51-KE 4. 17 17 05	564	117	6 7 0 0	10	10	To a second second			

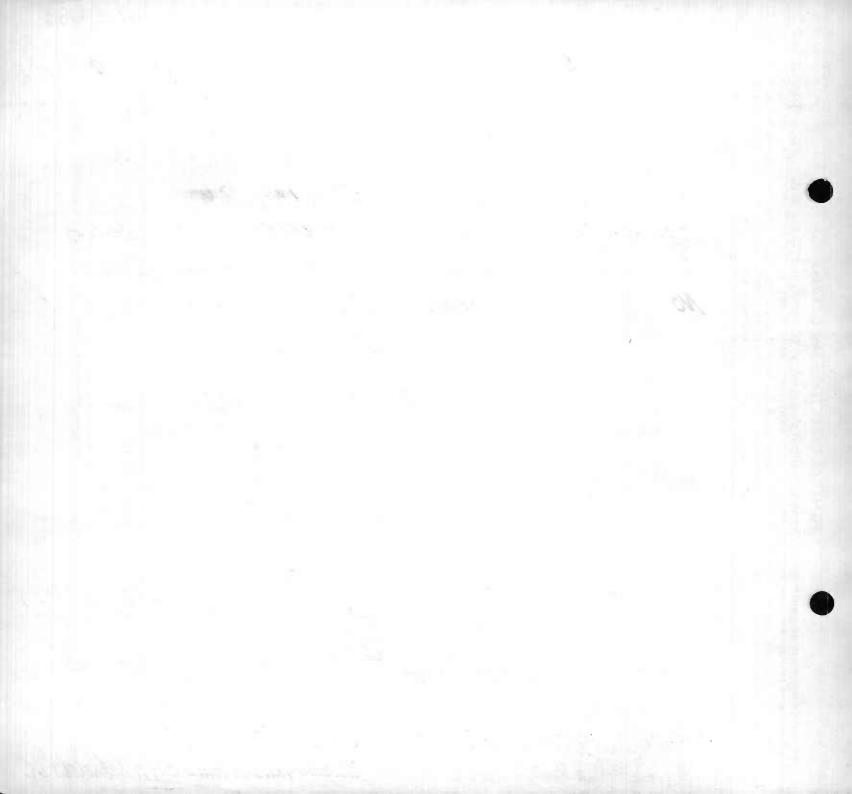


## 67 10061 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10061

M.	E. CASE NO.							
1.	NAME OF DECEASED	TAT DAY		2. DATE AND HOUR PRONOUNCED DEAD October 20, 1967   2:40 A.				
	CALV			October 20, 1967 2:40 A.			1910	
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE		B. COL		pefore admission)
FU	LL NAME OF (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	11	Maryland	corporate limits, write	BURAL I -iv-	1 bi-)
HC IN:	SPITAL OR ADDRESS OR LOCA	ATION)					RUKAL and give	township)
3					Baltimor		12-	02
	South Baltimore Gen	eral Hos	spital (DO	D. STREET ADD	RESS (If rurol,	give location)		VIII.
L				1 8		h Sharp Str		
5.	SEX 6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT		9. AGE (In years lost birthday)		If Under 24 Hrs. Hours, Min.
	Male Negro	Neve:	r Married	9/10/45		22		
	A. USUAL OCCUPATION (Give kind of worked during most of working life, even if retired)	k TOB. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF	INTRY?
001	as during most of working the, even it remed)			Mary	rland		U.S.A.	
13.	FATHER'S NAME			14. MOTHER'S M	AIDEN NAME			
	Ben Davis			Hattie				
	WAS DECEASED EVER IN U.S. ARMEI		16. SO CIAL	17. INFORMANT			ADDRESS	
те	s, no or unknown) (If yes, give wor or dot	es of services	SECURITY NO.	Ben Da	vis 27	18 Lauret	ta Ave.	
-	18,		CALLS	E OF DEATH				VAL BETWEEN
	5%1.0		CA03	E OF DEATH				T AND DEATH
	DISEASE OR CONDITION D	RECTLY	77.			o.f. 14		
	(This does not mean the mode of		(A) Fa	tty metamo	orpnosis	or liver		,
	heart failure, asthenia, etc. It means injury or complication which coused	the discose,	501 10					
							15 V Fe 1	
	ANTECEDENT CAUSE		(B)	g a a a g a shii To To a a To a a To a a a a a a a a g ij g g		************************	000000000000000000000000000000000000000	***************
	DISEASES OR CONDITIONS, IF A	TATING THE	DUE TO					
7	UNDERLYING CONDITION LAST.		(C)					
Ö	11							
K	OTHER SIGNIFICANT CONDITIONS							
E	TO THE DEATH BUT NOT RE							
CERTIFICATION	19A. DATE OF OPERATION 19B. CON	NDITION FOR	WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FI		ERED
Ū	WAS PEI	RFORMED		Yes		Yes	SES OF DEATH?	
×	21A. EXTERNAL CAUSE WAS	21B.	PLACE OF INJURY (e.g.,	in or obout 21 C. V	WHERE DID	If in Boltimore City, gi	ve exact location)	
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.)	e, form, foctory, street,	office bidg., INJUR	Y OCCUR?			
ME	21D TIME (Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED	21F He	OW DID INJU	PY OCCUP?		
	OF INJURY (APPROX.)			WHILE	0.1. 2/2 11100	KI 9000K.		
		m. \	WORK AT V	VORK				
	1 certify that I held an	Inquiry 🗌	InspectionAu	rtapsy X and	d that on thi	s basis, death in r	ny opinian	
	resulted fram: Natural co	uses X	Accident Suicio	de Hamici	ide U	Indetermined mann	er	
	0.		1	_	EDICAL EX			
	ACTUAL ( )		1				DA	TE SIGNED
	SIGNATURE Charala	- C C		ASSISTANT M			20	1067
	EXAMINER'S Unarie	s s. spi	ringate, M.D.	ASSOCIATE M	MEDICAL EX	AMINER	october 20	, 1907
	A, BURIAL CREMATION, 23B. DATE	23	C. NAME OF CEMETERY	or CREMATORY	23 D. LC	CATION (City,	, town, or county)	(Stote)
	MOVAL (Specify)	Alem 1	//- O- 7	1111111	Rn	ooklyn, M	brelvas	
_	Burial   10/2	2/R NAME	Wit. Calvery		AL DIRECTOR	OORLY119 W	ADDRES	25
24	THE READ OF MEMEIN DEFT.	THE MINIE	- doll -	240. FORER	AL DIRECTOR		ADDRE:	
	DOT 9 9 1967	00 B	9 Fallward	Charl	es A.	Rice 661	W. Barre	e St.
-	110 4 6 2 1301	HI COLL						



B-600		HEALTH DEPARTMENT		67 10062
BIRTH NO. 67 10	062 CERTIFICA	TE OF DEATH	Registered Na	ON TODOS
WILL CASE NO.	GERTIN 167			
1. NAME OF DECEASED (Type or Print)		2. DATE AN	D HOUR OF DEATH	
MARY & 1501	PNJ		10/19/6	7 1 130 0 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		itution: residence before admission)
		A. STATE B. COUN	TY .	
FULL NAME OF (If not in hospital or institution	on, give street	MANY	AUD	,
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (IT out	side city limits, write RU	IRAL and give township)
	MALLINA	A De trains	A D	11-04
university of	MANYLAND	D. STREET ADDRESS (III	rurol, give location)	
38 HOSPITAL		J. STREET ADDRESS	a d	
30 HOSPITAL		405 OXS	ond Ct	X3ALT 1
	ED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
wibo,	WED, DIVORCED (specify)	-linkland	lost birthdoy	Months Doys Hours Min.
		5/19//88/	86	
t0A. USUAL OCCUPATION (Give kind of work 10 B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote of forei	gn country T	12. CITIZEN OF WHAT COUNTRY?
H- 31 ONILL T.		Dalta	101	( 1 C . 0
110-1090W178		130110	- Md,	us A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
0 - 11		F-7 15 10		Ca-1.
reorge Kenn	iand	EC1 2642	3674	J C074
15. Was Deceased EverUn U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of service)	e) SECURITY NO.	17. INFORMANT		ADDRESS
Ala	1600	Data to Mi	1 1/1/1/VM	L. 11. P. 1
110	100100	1008 1 102 ///i	250N 7610	Tay 13 / dag
18. 332 XI	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	Thank	mbacic or h	JOHANK	
(This does not mean the mode of dying, e	e.g., DUE TO	mbosis of b	CARLOCIT O 1	
hearl foilure, asthenia, etc. It means the disea	ise, R1	ant middle c	enemosi m	14725
injury of complication which caused death.)	MAR.	2-1 1-	- 1-0	
ANTECEDENT CAUSES	(B) PTO	eno sclenotic	cenendo	
DISEASES OR CONDITIONS, if ony, giv	001.0	ENCULAR + B	ANTEDIO VAS	culain
rise to the above couse (A) sloting		Disease -		
UNDERLYING CONDITION lost.	400000000000000000000000000000000000000			
				-
Z OTHER SIGNISION IS CONTRIBUTED OF CONTRIBUTE	TINI C			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIL	NDINGS CONSIDERED
WAS PERFORMED		Ups	IN CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21C, WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	THE POSITION OF	Chy, give exect locollen,
DEATH (notify medical examiner)	etc.)			
	21E, INJURY OCCURRED	21F. HOW DID INJ	IIRY OCCIIR?	
S OF INJURI	While At Not While			
(APPROX.)	Work At Work			
22. I certify that (1)(this hospital) attende	data da a a a data	1 1 100	06- 10	19 19 67
22. I certify that (1)(this hospital) attended that (1)(we) last saw the deceased alive of	a the deceased from	0-1-68	967 10 10	119 1967
that (1) (we) last saw the deceased alive a	10/19	19 6 7 and the	at in (my) (aur) apini	an death accurred an the date
and haur and from the causes stated above				
23A. SIGNATURE	The state of the s	Tew the body differ dedill.	- 10	DATE CICALED
23A. SIGIVATURE				238. DATE SIGNED
Sand 1017	Phy Phy	nding Med. Director	Staff Phys.	10/19/107
23 C. PHYSICIAN'S		23D. ADDRESS		, , , , ,
NAME (Type)			2	.003
SAUDRA Z.S	ALAW M.D.	Univers,	th or	Wind Haco.
	NAME OF CHARTERY OF CRE	MATORY 24D. LC	CATION CHY	, Jown, or county) (State)
REMOVAL (Specify)	With Miller	· Mana	MA WILL	
Duriak 10/24/1967	11 LAKUNUMA	WATT 100	illo TITO	
25A. DATE REC'D BY HEALTH DEPT 258. NAN	VE DE REGISTRAR	25C. FUNERAL DIRECTOR	D	AD'DRESS .
	FarberMA	William IT	unel Alama Q1	an lahindar ld
101 60 1001 (16 Dec 10 C)	1000sept and	10 Miller 1 Mill	WE VIONE OF	11 samouan Di
VS 1S0-REV, 1/1/6S				

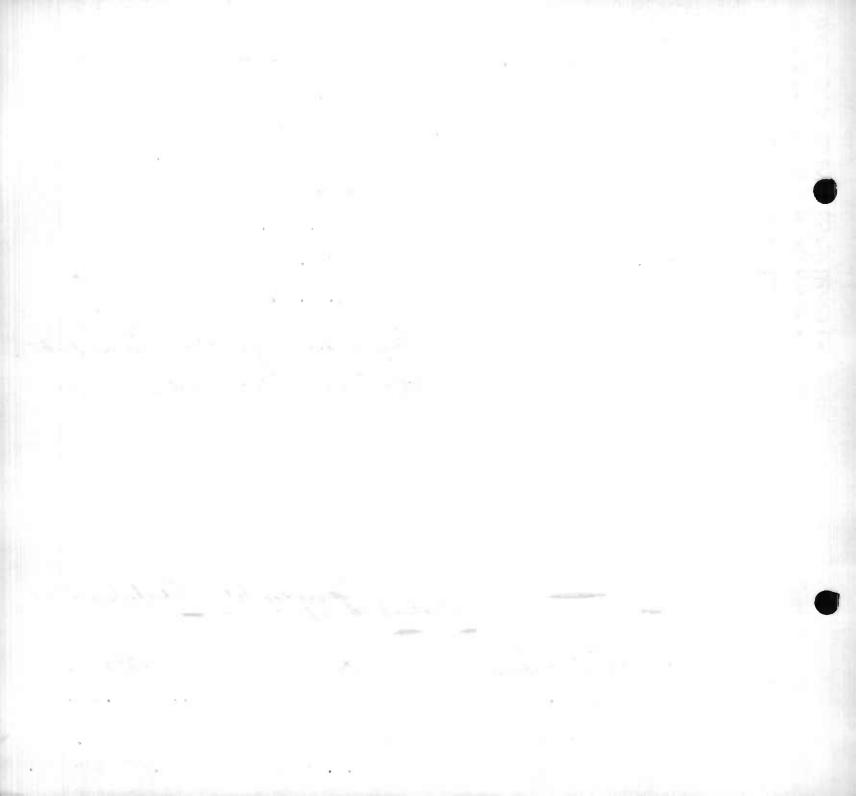


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

W 1 90 67 11	Albo E	HEALTH DEPARTMENT	. 67 10063
M.E. CASE NO.	CERTIFICA		
1. NAME OF DECEASED (Type or Print)	MAYFIELD	2. DATE AND HOUR OF DEAT	0 10
3. PLACE OF DEATH IN BALTIMORE, MARYLANI		10 - 18 -	
FULL NAME OF (If not in hospital or instit		A. STATE B. COUNTY	manufaction, residence before durings
HOSPITAL OR oddress or focotion) INSTITUTION		C. CITY OR TOWN (If outside city limits, write	te RURAL and give township)
The Johns Hopkins	Hospital	D. STREET ADDRESS (If rurol, give locotion)	0-02
33		1718 E. NORTH AVEN	UE
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 2-19-40  9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Days Hours Mir
10A. USUAL OCCUPATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)		0 0	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	14.5.4.
WILLIE MAYFIELD		IDA MAE LANN	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (Iff yes, give wor or dotes of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
, say give not or soies of se	750-71-79 59	and and a source of land	185 1/205
18.	CALLED	F DEATH	18 E. NORTH AN
/ ン ナ人	CAUSE O	VLAIN /	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7	Dela INT	/ week
(This does not mean the made of dying,		- my aum	
heart failure, asthenia, etc. II means the di	sease,		
injury or complication which caused death.	Lew	e + jurtineal meterte	us 14en
ANTECEDENT CAUSES	DUE TO		***************************************
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating		lonie (a	3 years
UNDERLYING CONDITION last.	) ine (C)		A
OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING /		
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	O THE Manue	alrd distention + hype	ventilation
	FOR WHICH OPERATION		RE FINDINGS CONSIDERED CAUSES OF DEATH?
U121A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (If in Bottin	note City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical statement)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	Sirji gire andel localisti/
0			
21D. TIME (Month) (Doy) (Year) IHour		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While At Work	e	
22. I certify that (1) (this hospital) atter		10-16 1967 to 1	10-18 196
		1 -	
that (1) (we) lost saw the deceased aliv		19 (e ond that in (my) (our) c	ppinion death occurred on the
and hour and from the causes stated abo	ove. (1) (We) (did) (did not) v	lew the bady ofter death.	
23A. SIGNATURE			23B. DATE SIGNED
Junothy . Ha	The M.D. Atte	Med. Stoff Phys.	10-18-67
23C. PHYSICIAN'S		23D. ADDRESS	
NAME (Type) TIMOTHY J.	GARDNER M.D.		
	24C. NAME of CEMETERY OF CRE	MATORY 24D LOCATION	(City town or country)
REMOVAL (Specify)	CASSIVATIVE OF CENTETERS OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stot
DURIAL 10-22-61	ARBUTUS	ARBUTUS	Md.
SA. DATE REC'D BY HEALTH DEPT. 25B, N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
UCI 23 196/ (12 Co. 6	E, Jakey A.	JOSEPH KNIGHT 1639	9 N. BROADWAY
150-REV. 1/1/65		No per il pri orii 100	and the state of

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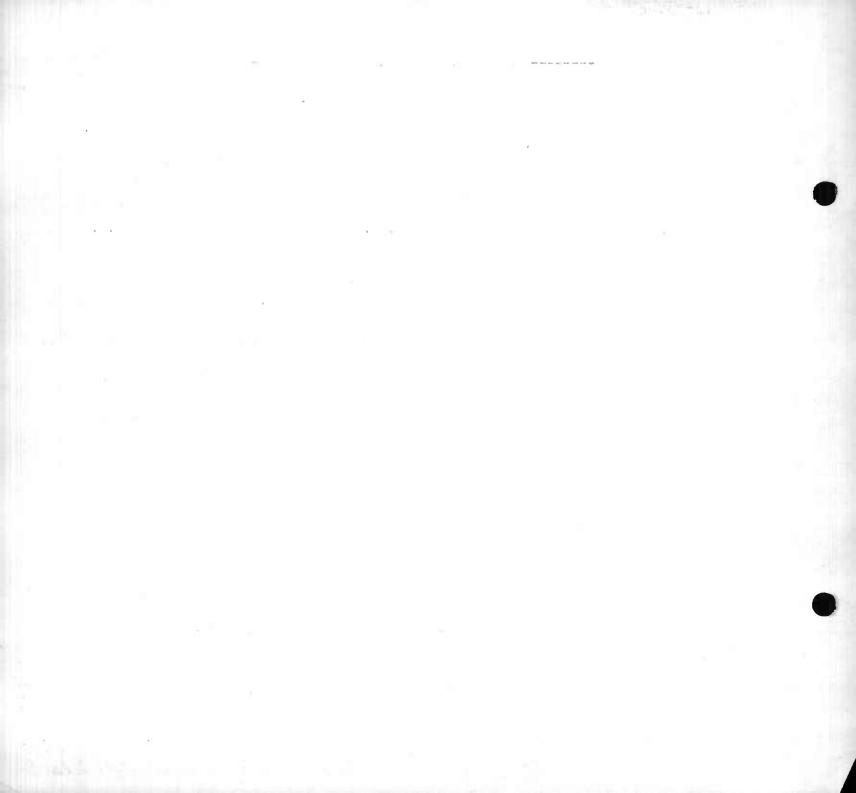
IRTH	8-530	0/			ALE OF DEAT	Registered No.		
A.E. (	CASE NO.		e N. Be			AND HOUR OF DEATH	940	
. PLA	ACE OF DEATH IN BALTI			OIHIO O O		Where deceased lived. If i	institution: residence before adm	
HO		in hospitat or s or location)	r institution, go	ve street	Maryland		RURAL and give township)	
103 Churchwardens Rd.					Baltimore  D. STREET ADDRESS (If rurol, give locotion)  103 Churchwardens Rd.			
. SEX	W		WIDOWED, Widow		1-19-1901	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours	
one d	JSUAL OCCUPATION (Give during most of working life, eve Homemaker		IOB. KIND OF	BUSINESS OR INDUS	Balto., Md	,	12. CITIZEN OF WHAT COUNTRY? USA	
	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
J	John J. Nevi	lle			Mary C. Wi	nters		
5. We	as Docoosed Ever in U. S.	Armod Force	os?	1 6. SOCIAL	17. INFORMANT	1	ADDRESS	
	o or unknown) (If yes, give	wor or dotes	of service)	SECURITY NO.	Mrs. S. N.	, Whitaker	Above	
h	This daes not mean the neart failure, asthenia, etc njury ar camplication whi	c. II means t sich caused o	the disease,	DUE TO	yo carfial De	afanction diovasculas de	leiene Coyn	
NOI O	This does not mean the neart failure, asthenia, etc njury at camplication whi ANTECEDEN DISEASES OR CONDITIONS IN THE RESIGNIFICANT CONTO THE DEATH BUT	e made af c. II means to c. II means to caused at T CAUSES IONS, if a cause (A) N last.	the disease, death.)  ny, giving stating the  DNTRIBUTING	DUE FO	yo carfial Si Sentrusive Can	nfarition diovasculas de	leign logn	
ATION OF C	This does not mean the neart failure, asthenia, etc njury at camplication whi ANTECEDEN DISEASES OR CONDITI ise to the above of CONDITION CONDITIO	e made af ac. II means to a consider a caused (a consider a consid	the disease, death,)  ny, giving stating the  DNTRIBUTING FED TO THE  DITTON FOR W	DUE FO		or No.) 20B. IF YES, WERE	Leign byn  FINDINGS CONSIDERED AUSES OF DEATH?	
AL CERTIFICATION O O O O O O O O O O O O O O O O O O O	This does not mean the neart failure, asthenia, etc njury at camplication whi ANTECEDEN: DISEASES OR CONDITION TO THE BEATH BUT DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION	e made af c. II means the caused of T CAUSES IONS, if a cause (A) ON last.  ADITIONS CONT RELATIONS TO THE CAUSING IT.  198. COND WAS PERFOUND OF THE COND T	the disease, death,)  ny, giving stating the DNTRIBUTING TO THE CONTRIBUTION FOR WORKED	(C)	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED	
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NAME OF DECEA	Geneviev	- A C.	ondnor		D HOUR OF DEATH	1	1115	
PLACE OF DEATH	IN BALTIMORE MA		orarel	10-20-67  4. USUAL RESIDENCE (Where deceased lived. If institution; residence belore admission A, STATE  B, COUNTY				
TEACE OF BEAT	THE DALLING RE THE	MILAND			ITY	institution, testo	ence belate damas	
FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location		give street	Maryland	tside city limits, write	211241 1 -5		
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Left Left	Union Men	morial	Hospt.		rural, give location)		0 1 10	
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SEX 6.	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24	
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es, no or unknown) (II	ver in U. S. Armed For I yes, give wor or dote	ces? s of service)	SECURITY NO.	17. INFORMANT			DDRESS	
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L-52	0	1000		HEALTH DEPARTMENT		67 10066
BIRTH NO. M.E. CASE NO.	6/	TUUD	CERTIFICA	TE OF DEATH	Registered Na.	01 2000
I. NAME OF DEC	CEASED			2, DATE A	ND HOUR OF DEATH	. 10 .
(Type or Print)	Baltimore	Jame	s A. Long Sr.	10	- 20- 1967	7- pm
	ATH IN BALTIMORE, MAR	TLAND		4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	stitution; residence byfore odmissio
HOSPITAL OR	OF (If not in hospital or oddress or location)		give street			RURAL ond give township)
90	Gould Com	7.			Avenue Balt	imore, Md.
/				7423 Kenlea		6 33-00
Male	White	WIDOWED	never MARRIED b, DIVORCED (specify) arried	5-22-1882	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	UPATION (Give kind of work) working life, even if retired)	OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Foreman	Bal to	more Ohio R.R	hee freed b		U.S.A.
13. FATHER'S NA		Dal 60	MOT GEOLITO 10.10	14. MOTHER'S MAIDEN NA	AME	O.D.R.
	Long				Unkno	
15. Was Deceased (Yes, no of unknown	d Ever in U. S. Armed Force n)(If yes, give wor or dotes	es? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			705-06-3407	Mrs Bessie M.	Long 7423 K	enlea Avenue 36
18. Ly 6	13 XI			PF DEATH	0	INTERVAL BETWEEN
/ /	SE OR CONDITION DIRE	CTLY	100		1 0	ONSET AND DEATH
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	, asthenia, etc. 11 means t mplication which caused t		/	2 VA - he florid There sclevele Osaulu Dese	a Cardis	1
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(APPROX.)		Wo	rk			
22. I certify	y that (1) (this hospital)	attended t	he deceased from	augus	19 67 10 11	0-20 1967
that (I) (we	) last saw the deceased	alive an	10-20	019 67 and t	hat In (my) <del>(our)</del> api	nian death accurred on the de
and hour an	d from the enurses state	ed abave. (	I) (Wa) (did not)	view the bady after death.	m/ maried lan	tat 6 km.
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	Mallib	$\mathcal{M}$	M.D. Att	ending Med.	Stoff	10-21-67
	How ( )	76	Phy	ending Med. Director	Phys.	10 71-01
PHYSICI NAME		C. 1-	lyle M.D.	7527 Bela	in Rd Be	Its mel
24A. BURIAL CR	EMATION, 248. DATE	24C. N.	AME of CEMETERY or CR	EMATORY 24D.	LOCATION (C)	ity, lawn, or county) (State)
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Buria			Druid Ridge Co	metery Ba		ADDRESS 1-2/
OC. I	3 1967 (R.D.	25B. NAME	1 Dec Ma	25C. FUNERAL DIRECTO	7	ADDRESS (3)
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S 150-REV 1/1	/65	100 173	7 1 11 11			

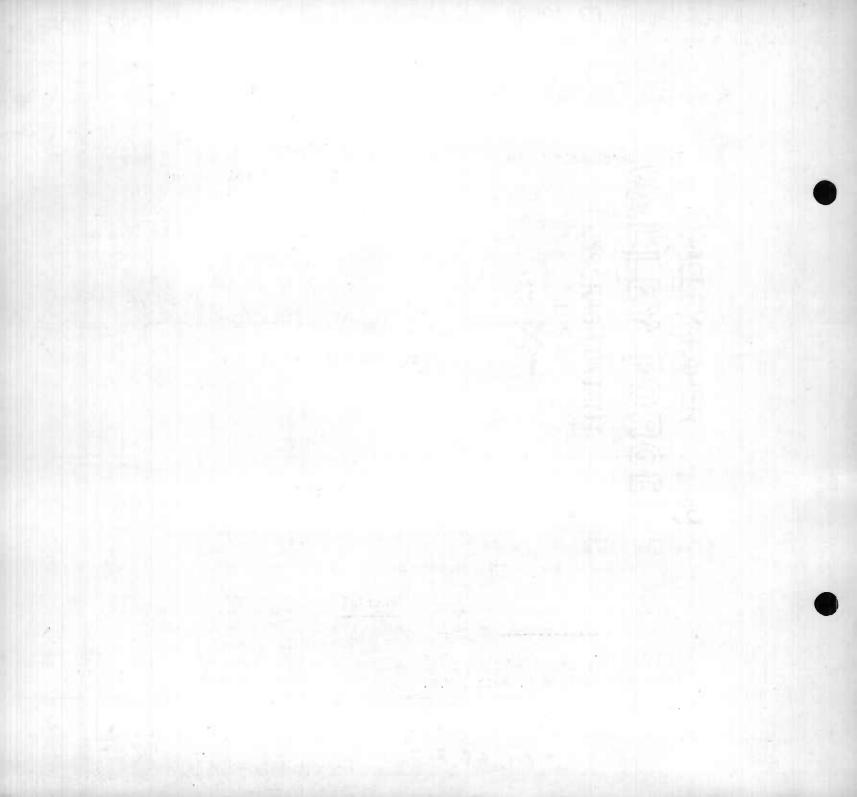


7-626		Y HEALTH DEPARTMENT	67 10067
BIRTH NO. 67	UUS/ CERTIFICA	TE OF DEATH Registered No.	01 10001,
M.E. CASE NO.  1, NAME OF DECEASED  Type or Print)	HIJOA DA PARKER	2. DATE AND HOUR OF DEAT	1900 H
B. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE   Where deceased lived. If	institution: residence before admission)
FULL NAME OF (If not in haspital ar insti HOSPITAL OR oddress or location) INSTITUTION	itution, give street	C. CITY OR TOWN (If outside city limits, with	e RURAL and give towardhip)
THE JOHNS HOPKIN	IS HOSPITAL	D. STREET ADDRESS (If rural, give location)  1810 E. LANVALE STR	8-05
5. SEX   6. RACE   17. M/	ARRIED, NEVER MARRIED	1810 E. LANVALE STR  8. DATE OF BIRTH  9. AGE (In yeors	
WI	VIDOWED (specify)	4-29-88 lost birthday) 79	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
done doring most of working life, even if refired)	IND OF BOSINESS OK INDOSIK	M 4	WHAT COUNTRY?
SYLVESTER MORTIME	R	ELLEN JONES	
5. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknawn) IIIf yes, give war ar dotes of s	1 6. SOCIAL	MARANTE WELL 163	2 N. Durham 5
11B. 24	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	·/		ONSET AND DEATH
(This does not meen the made of dying	(A) Mas	issue CVIT	llaays
heart failure, asthenia, etc. It means the d	iseose,		
ANTECEDENT CAUSES	IB) AN	reinschenster cardio V	anular!
DISEASES OR CONDITIONS, if any,	DUE TO		
rise to the above couse (A) statin		, care	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING Diabetic	leboacidosis	
	n FOR WHICH OPERATION TO	20A AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY le.g.,	in ar about 21 C. WHERE DID (If in Baltin affice bldg., INJURY OCCUR?	nore City, give exact lacation)
21D. TIME (Manth) (Day) (Year) IHar OF INJURY IAPPROX.)	White At Work At Work		
22. I certify that (1) (this hospital) atte	ended the deceased from	0-9 19 67 10	0-19 1967
that (I) (we) last saw the deceased ali			opinion death occurred on the da
and hour and from the causes stoted of	pave (1) (We) (did) (did not)	view the bady after death.	
234, SIGNATURE Bylle		ttending Med. Staff ys. Director Phys.	23B. DATE SIGNED
23C. PHYSICIAM'S NAME IType	Menoit M.O	23D. ADDRESS	enital
24A. BURIAL CREMATION, 24B. DATE	MICKELL	REMATORY 24D. LOCATION	lCity, town, or county)   State)
BURIAL 10/23/67	Mt. CALVI	A. A. C.	unty. Mis.
25A. DATE (COD TY HENGTH DEP) 25B. 1	NAME OF REGISTRAR	2sc. FUNERAL DIRECTOR	1304 h. Central Or
VS 150 BSV 1/1/45		7 1 1	

INVESTIGATE Them To Half 16-52 1 200 Burnell 14:00 . 

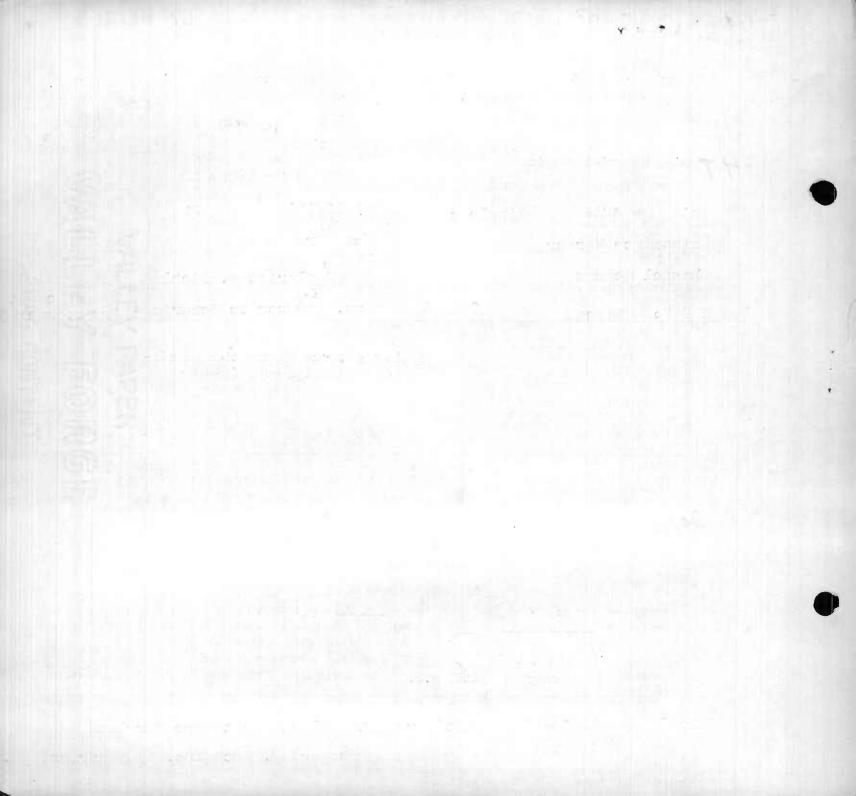
67 10068 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10068

NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
FREDERICK (FREDDIE) BRANCH	October 20, 1967   8:50 P. M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
IOSPITAL OR ADDRESS OR LOCATION)	C. CITT OK TOWN (If outside corporate limits, with NO KAL and give township)
746 Pennsylvania Avenue	Baltimore
740 Ichiisyivania Avenue	D. STREET ADDRESS (If rurol, give location)
	1516 Pennsylvania Avenue
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.   Months   Doys   Hours   Min.
Male Negro James Marries	11-20-34 33
DA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	YIV BIRTHPLACE (Stoto or foreign country) 12. CITIZEN OF WHAT COUNTRY?
LABOUR MANNE	Richmond /ll' U.S.A
FATHER'S NAME	14 MOTHER'S MAIDEN NAME
FREDDIE BRANCH	Rector Reabile
wAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.	17. THEORMANT 1249 ADDRESS William H
nls 579-48-69	KJam Batis Bata III
	OF DEATH INTERVAL BETWEEN
9 9 7 1 9 1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fatty A	Alteration of Liver
This does not mean the mode of dving e.g.,	TOTALION OF PIACE
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT · CAUSES	
(8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	· · · · · · · · · · · · · · · · · · ·
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Partial
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  Yes
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes  In or about 21C, WHERE DID (If in Boltimore City, give exact location)
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes  in or about 21C, WHERE DID (If in Boltimore City, give exact location)
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes  in or about 21C, WHERE DID (If in Boltimore City, give exact location)
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes in or about 21C, WHERE DID (If in Boltimore City, give exact location) affice bldg., INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes in or about 21C. WHERE DID (If in Bolfimore City, give exact location) office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes in or about 21C, WHERE DID (If in Boltimore City, give exect location) office bldg., INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes In or about 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?  21F, HOW DID INJURY OCCUR?  WHILE Ond that on this bosis, death In my opinion to the bosis, death In my opinion  Homicide Undetermined monner
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes IN CERTIFYING CAUSES OF DEATH? Yes in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  WHILE   Ond that on this basis, death in my opinion to the property of t
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes in or about 21C, WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  WHILE Ond that on this basis, death in my opinion topsy on the on this basis, death in my opinion Homicide Undetermined monner  CHIEF MEDICAL EXAMINER
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  WHILE   Ond that on this basis, death in my opinion to the basis, death in my opinion  Homicide   Undetermined monner   CHIEF MEDICAL EXAMINER
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes TYPES  in or about 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  WHILE Ond that on this basis, death in my opinion  WHILE ON THE HOMICIAL EXAMINER OLD DATE SIGNED  ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER 10/21/67
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED YES  IN CERTIFYING CAUSES OF DEATH? YES  in or about 21C, WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  WHILE ON
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes  in or about 21C, WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  WHILE Ond that on this bosis, death in my opinion  E Homicide Undetermined monner  CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 10/21/67
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes in or about 21C, WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  WHILE ONA  ONA  ONA  ONA  ONA  ONA  ONA  ONA
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  WHILE ONA  ONA  ONA  ONA  ONA  ONA  ONA  ONA



8187H NO. 67 10	GCO BALTIMORE CITY	HEALTH DEPARTMENT		C7 40000
	CERTIFICA	TE OF DEATH	Registered No	67 10063
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	
(Type or Print) MR	LAI BRA	nrs Da	1 211	967 1:00 PN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	10 /2/(0)	4. USUAL RESIDENCE (Where	e deceased lived II ins	/ /
		A. STATE B. COUN	TY	
FULL NAME OF (If not in hospital or institu	tion, give street	Ma.		
HOSPITAL OR eddress er lecotien)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
Church His	ne p	Talle	nore	OK 10 / "
35 Haspit	Tal .	D. STREET ADDRESS	urol, give locotian)	17
00 11 7	5	32 1. E	,ael	one
6. RACE 7 MAR	RIED, NEVER MARRIED	2/17/90	ast birthday)	If Under 1 Yr. And If Under 24 Hrs. Months Deys Hours Min.
10A. USUAL OCCUPATION (Give kind of werk 10B. KIN	D OF BUSINESS OR INDUSTRY	11. FIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
dene during mest ef werking life, even il retired)		1/		WHAT COUNTRY?
machinist(retired) -		14. MOTHER'S MAIDEN NAM	4 5	U.S.A.
STATISTICS TAME			TE.	
unknown		unknown		
5. Wes Deceased Ever in U. S. Armed Ferces? Yes, ne er unknewn) (II yes, give wer er detes af serv	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	213-09-2738	Lillian B. Broo	oks 32 5.4	ast Avenue
18.	CAUSE O	1	J=	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	n	ultiple.	Huelon	
(This does not mean the made of dying,	e.g., DUE TO	acc-y	Jagow.	
hearl failure, asthenia, etc. It means the disc injury at camplication which caused death.)	acse,			
ANTECEDENT CAUSES	(B)			
	DUE TO	**************************************		
DISEASES OR CONDITIONS, if any, gi				
UNDERLYING CONDITION last.	(6)	. Yn qonno no nam na n nan y m nan n no nam n na nan n mae y man na m		
		,		
Z OTHER SIGNIFICANT CONDITIONS CONTRIBI	JTING	*		
TO THE DEATH BUT NOT RELATED TO	) THE			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION I WAS PERFORMED		20 A. AUTOPSY? (Yes er No)	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n er ebout 21C. WHERE DID	(II in Baltimere	City, give exact lecation)
OR CONTRIBUTING CAUSE OF DEATH (netify medical examiner)	heme, form, fectory, street, e	lfice bldg., INJURY OCCUR?		
U				
21D. TIME (Month) (Doy) (Yeer) (Heur)		21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Nat While Werk At Werk	e		
22. I certify that (I) (this hospital) attend		21 21 1	967ta	Oct 2/ 1967
	W -2			
that (I) (we) last saw the deceased alive			it in(my) (aur) apin	ian death accurred an the da
and haur and from the causes stated above	/e. (I) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE			e. <i>a</i>	23B. DATE SIGNED
francesso/	Sallara M.D. Att.	ending Med. S. Director	Stoff Phy s.	Det 21.196
23C. PHYSICIAN'S NAMB (Type)	2. 00	23D. ADDRESS	0 110	11400
INANOISO 1	SACTA 2 ARM.D.	mure	er mue	2-1109
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D, LO	CATION (City	t, tewn, er ceunty) (Stete)
REMOVAL (Specify)				
Burial 10/25/67	Parkwood (eme.	tery Ba	Ltimore, Mar	yland
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
OCT 23 1967 R.C.	ent E. Jankey M.	John A. Mora	n, Inc. 3000	E. Baltimore St.
VS 150 BEV 1/1/45		0 10 100	30,000	Commune - T

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67	10071 BALTIMORE CI	TY HEALTH DEPARTMENT	67 10071
BIRTH NO. M.E. CASE NO.	10071 CERTIFIC	ATE OF DEATH Registered N	0. 07 105/1
(Type or Print)		2. DATE AND HOUR OF DEA	тн ? Д
Mary D Doyle 3. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceased lived, t	f institution: residence before admission
FULL NAME OF (If not in hospital or in address or location) INSTITUTION	nstitution, give street		Te RURAL and give towaship)
2708 0-1-0-1 1		Baltimore D. STREET ADDRESS (If rural, give location)	21-0
2708 Inglewood Ave	2	D. STREET ADDRESS (If rurol, give location) 2708 Inglewood Ave	
5. SEX   6. RACE   7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10 B	Wadowed Kind of Business or Indust	9/22/1901 66 RY 11: BIRTHPLA CE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)	11	M / /	WHAT COUNTRY?
3. FATHERS NAME ()	Home	14. MOTHER'S MAIDEN NAME	U. J. 271.
Joseph B Meyer		Carrie Street	
5. Was Deceased Ever in U. S. Armed Farces' Yes, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	SECORITI NO.	James J Doyle Jr.	207 Margate Rd.
18. 4 2 0 / 1	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC			
LEADING TO DEATH (This does not meen the mode of dy		oronery thrombos.	3 Instantaneon
heort foilure, osthenia, etc. Il meons the	diseose,		
injury or complication which coused de	olh,)	terios cheresus	10 years
ANTECEDENT CAUSES	DUE TO	4	
DISEASES OR CONDITIONS, if ony rise to the obove couse (A) sto		Hype Leuna	10 40en +
UNDERLYING CONDITION Iosi.		T	V
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		stama	10 years +
19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)	21 B. PLACE OF INJURY (e.g home, larm, lactory, street, etc.)	n, in or obout 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	more City, give exact location)
OF INJURY	The second secon	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not W	/hile	/
22. I certify that (I) (this hespital) a	ttended the deceased fram	1966 to	10/12 196
that (I) (We) last saw the deceased a	0 25		opinian death accurred an the
and haur and fram the causes stated	above. (1) (We) (Bid) (did nat	) view the bady after death.	
23A. SIGNATURE	1.	Attending Med. Stoff	23B. DATE SIGNED
you be	mo A.D.	Phys. Director Phys.	10/23/67
23C. PHYSICIAN'S NAME (Type) Alan Bern	stein M.	D. 819 Park Am Ba	ldung 2,20,
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or C	CREMATORY 24D. LOCATION	(City, town, or county) (State
Burial 10/25/6	Parkwood Cen	netery Baltimore	Maryland
	B. NAME OF REGISTRAR	DEN EUNERAL DIRECTOR	ARDDECC
QUI 23 1967 ()	Cat E. Fallers	Leonard & Ruck & c.	5305 Harford R
VS 150-REV. 1/1/65		1 ()	

Coronery thrombons Things

11/01 29 Lets 9+655

819 Perkan Reserve

	th NO.  E CASE NO.  IAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Тур	pe or Print) MR. BERNARD R. SMITH )	r. 665 AM oct 20, 1967
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admi
	FULL NAME OF (If not in hospital or institution, give sheet	MP.
	HOSPITAL OR oddress of location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	UNION MEMORIAL HOSPITI	9L JOPPA 21085 1620
11		D. STREET ADDRESS (If tural, give location)
1		
5.' \$	M. CAUC. WIDOWED, DIVORCED (spec	28 MAY 1900 67
dom	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INC	DUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	STORE KEEP EIZ OF BOUCATION	MARYLAND U.S
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	EDWARD B SMITH.	ELLA J. ROBINETTE
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17 INFORMANT C A A A A A A A A A A A A A A A A A A
	s, no grupknown) lift yes, give wor or dotes of service)  220-74-	6067 Mrs. Ethel M. Smith same
70	ITB. CA	USE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	Bondennew
	(This does not meon the mode of dying, e.g., DUE	10 Manual a
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	Bronchogenic Carcinoma
	ANTECEDENT CAUSES (8)	Pronchogenic Care never
	DISEASES OR CONDITIONS, if ony, giving	0
	rise to the above cause (A) stoting the (C)	
	UNDERLYING CONDITION Iosi.	W.Kii Wa
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ONARY EMPHY SEMA
ICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED
RTIFIC	MONE, WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
2	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR' OR CONTRIBUTING CAUSE OF home, form, foctory, s'	(le.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) reet, office bldg., INJURY OCCUR?
AL	DEATH (notify medical examines)	leet, onice bidg., INJORT OCCOR:
DIC	21 D. TIME (Month) (Doy) (Yeos) (Hour) 21 E. INJURY OCCURR)	ED 21F. HOW DID INJURY OCCUR?
ME	(APPROX.) While AI N	ot While
1	Wolk A	Work L
100	22. I certify that (I) (this hospital) attended the deceased from	
	that (1) (we) lost sow the deceased alive on 3 = 167 70	Oct. 19 67 ond that in (my) (our) opinion death occurred on the
	and hour and from the causes stated above. (1) (We) (did) (did	nat) view the body after deoth.
	23A. SIGNATURE	23 B. DATE SIGNED
	D H Beancat	D. Attending Med. Stoff Phys. 20 Oct 190
	23C.PHYSICIAN'S	23D. ADDRESS
	P.H. BRANCATO.	M.D. UNION MEMORIAL HOSPITA
	A BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	
244		2 4 4 1
24 A	REMOVAL (Specify)	em. Dalto- Ind.
	Burial 10/23/67 Parkwood (	em. Balto. Md.
	REMOVAL (Specify)	
	Burial 10/23/67 Parkwood (	

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the time and the same the time

STREETER OF THE WORLD DISCONDENSES

EDWARD & SHITH ELLA J ROBINETTE

Service Commence and

PULMONIARY EMPHY SEMA

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DH Bernett

DH. BRANCATO

UNION MEMORIAL MOST THE

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67	10073 BALTIMORE CITY	Y HEALTH DEPARTMENT		67 10072
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	01 10010
1. NAME OF DECEASEO (Type or Print)	· M ·		D HOUR OF DEATH	1
Mary	MARSIGLI	A 10	22/67	itution: residence before admission)
3. PLACE OF DEATH IN BALTIMORE, MARY	.AND	A. STATE B. COUN	re deceased lived. It inst ITY	itution: residence before damission/
FULL NAME OF (If not in hospitot or HOSPITAL OR oddress or location)	institution, give street	MARYLAN	D	
INSTITUTION		C. CIDE OR TOWN (IF OU	tside city timits, write RL	IRAL ond give township)
17.	1.1	D. STREET AOORESS	rurol, give tocotion)	04/26
UNION MEMOR	app Hosp	1347 Sh	KER WOOD D	AUF
	MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FW	WIDOWED, DIVORCED (specify)	12-25-98	lost birthdoy)	ivioning Doy's Troots Ivining
10A. USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign countryl	12. CITIZEN OF WHAT COUNTRY?
	Home	MARUL ANI		USA
13. EATHERS NAME	1100	14. MOTHER'S MAIDEN NA	ME	0.012
CHAPLES K	Mc Culny	Meau L	RMEY	
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates	s? 16. SOCIAL of service) SECURITY NO.	17. INFORMANT	BO	ADDRESS SHAPE L
No	SECURITI NO.	for now	Br. Mas	2016/10 NO Mh
18. 44	CAUSE	OF DEATH	10 11/1/	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	STLY		0	ONSET AND OEATH
LEADING TO DEATH	(A)	meumon	ua	
(This does not mean the mode of d heart failure, asthenia, etc. It means th	ne diseose,	11 1.	001	1 0
injury or complication which coused d	eoth.)	Inenalard &	therocke	dols
ANTECEDENT CAUSES	OUE TO	0		Fare
DISEASES OR CONDITIONS, if on rise to the obove couse (A) s				
UNDERLYING CONDITION lost.				
Z OTHER FIGURES AND CONDITIONS CO.	NTDIBLITING			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDI	TION FOR WHICH OPERATION	20A. AUTOPTY? (Yes or No	208, IF YES, WERE FI	NDINGS CONSIDERED
= 10/22/67 WAS PERFO	putum AspRATTON	No	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF	218, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
W OF IN HIDY	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID IN	URY OCCUR?	
(APPROX)	While At Not Wh			
22. I certify that (+) (this hospital)	attended the deceased fram	10/13	19 67 to 10	5/22 19 67
that (I) (we) last saw the deceased		1 -		
and haur and fram the causes states				
23A. SIGNATURE	111	,		23B, DATE SIGNED
W. HIVahy	At L M.D. At	tending Med.	Stoff Phy s.	10/22/67
23 C. PHYSICIAN'S	1	23D. ADDRESS		1-1-1
WILLIAM H. OEHLE	ERT JR M.D. M.O.	THE UNION M	EMORIAL HOS	SPITAL.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CI			, town, or county) (Stotel
Burial 10/26/6	7 Holy Podomon	Cometens Ro	ltimore, Ma	hre lyre
	7   Holy Redeemer	25C. FUNERAL DIRECTO		AOORESS
OCT 23 1967	Selb & Falley MA	Leonard J.	Ruck Inc.	5305 Harford Re
VS 150-REV 1/1/65		1 0 -41 -4-4		

BALTINTONE Waran MEmorian Hosp. 1349 SHERWOOD HUE F W MARRIED 12-25-98 68 MARYLAND CHARRES & McCHERT MARY L. KALEY HAT HORE B. MARSIGLIA Somewie Grandys & Whiterlessi 10/22/67 A10 Squam Represences 160

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	67 4	יחמ	BALTIMORE CITY	HEALTH DEPARTMENT		67 10074
	TH NO. E. CASE NO.	.00	CERTIFICA	TE OF DEATH	Registered Na.	. 01 . 0014
1.1	NAME OF DECEASED			2. DATE AN	ID HOUR OF DEATH	1
ТУ	FREDERICK	J	. SEHMAN	Oct.	22, 1967	N
3.	PLACE OF DEATH IN BALTIMORE, MARYLAN			4. USUAL RESIDENCE (Who	re deceased lived, if i	institution: residence before admission)
		4	W. 111.0.11	Maryland		
	FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itution,	give street	C. CITY OR TOWN (11 ou	teide city limite weite	RURAL and give township)
	INSTITUTION			Baltimore	raide city minis, wife	NORAL ONG GIVEN
	6140 Loch Rav	en i	BouLevard		rurol, give location)	
	00			6140 Loch Ra		orrand
	SEX   6. RACE   7. M	ADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	W	DOWE	D, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
47	male white W	ido	wed	Jan. 19,189	8 69	
	A. USUAL OCCUPATION (Give kind of work) 10B, Keep during most of working life, even if refired)	IND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
		27 0 17	ator	Baltimore M	larvland	USA
	FATHER'S NAME	<u> </u>	<u> </u>	14. MOTHER'S MAIDEN NA	•	
	Haman Cahman				7.5.4.5	
	Harmon Sehman		11.7	Costilli	a Miles	
e e	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of s	ervice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		6140 Loch
	No		215 10 1680	Mrs. Geraldi	ne H Low	man-Raven Blvd.
_	18. 4 2 2 1 1		CAUSE O	F DEATH	IIC II. HOW	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL	Υ				ONSET AND DEATH
	LEADING TO DEATH	•	(4)	ASCUP		gen
	(This daes not mean the made of dying		DUE TO 7		************************	
	heart failure, asthenia, etc. It means the d					
	ANTECEDENT CAUSES		(B)			
			DUE TO			
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis		(C)	######################################		
	UNDERLYING CONDITION last.			~57~7 *** *** *** *** *** *** *** *** ***	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	11					
Z	OTHER SIGNIFICANT CONDITIONS CONTR	BUTIN	G			
ATIO	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	то тн	IE			
Ü	19A. DATE OF OPERATION 19B. CONDITION	N FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20 B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMI	ED.		No	IN CERTIFYING CA	AUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.		fice bidg., INJURY OCCUR?		
S		) 215	. INJURY OCCURRED	215 110111 212 1111		
MEDI	OF INJURY		ile At Not While	21 F. HOW DID INJ	URY OCCUR?	
-	(APPROX)	Wo				
	22. I certify that (I) (this haspital) atte	nded t	he deceased from	mer	19 🗐 ta	10/221967
	that (1) (we) last saw the deceased ali		10/2	1/ -		pinian death occurred an the dat
			J	(	di ilitaliy (doi/ dp	midi dedili occorred di fine dal
	and haur and fram the couses stated at	o ve (	(We) (did) (Bid nat) v	iew the bady after death.		
	23A. SIGNATURE	//	C7 / 11 m Au-	. f. 2 / M. I -	S	23B, DATE SIGNED
	- Leave of	1	M.D. Atte	nding Med.	Phy s.	10 /23/12
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		1761
	Dr. George	H. I	Beck M.D.	6012 Harford	d Road. Ba	altimore, Md.
4/	A. BURIAL CREMATION, 24B. DATE		AME of CEMETERY of CRE			City, town, or county) (State)
	REMOVAL (Specify)		or GRE	10 10		
	Burial 10/25/67	Ho	ly Redeemer	Cemetery Ba	ltimore.	Maryland
15/	A. DATE REC'D BY HEALTH DEPT. 7 258.	NAME C	OF REGISTRAR			
	age to say after	Kyel	TE, Victober MA	Leonard J.	Ruck, Inc	Balto., Md.
-	160 BEV 1/1/46	7				

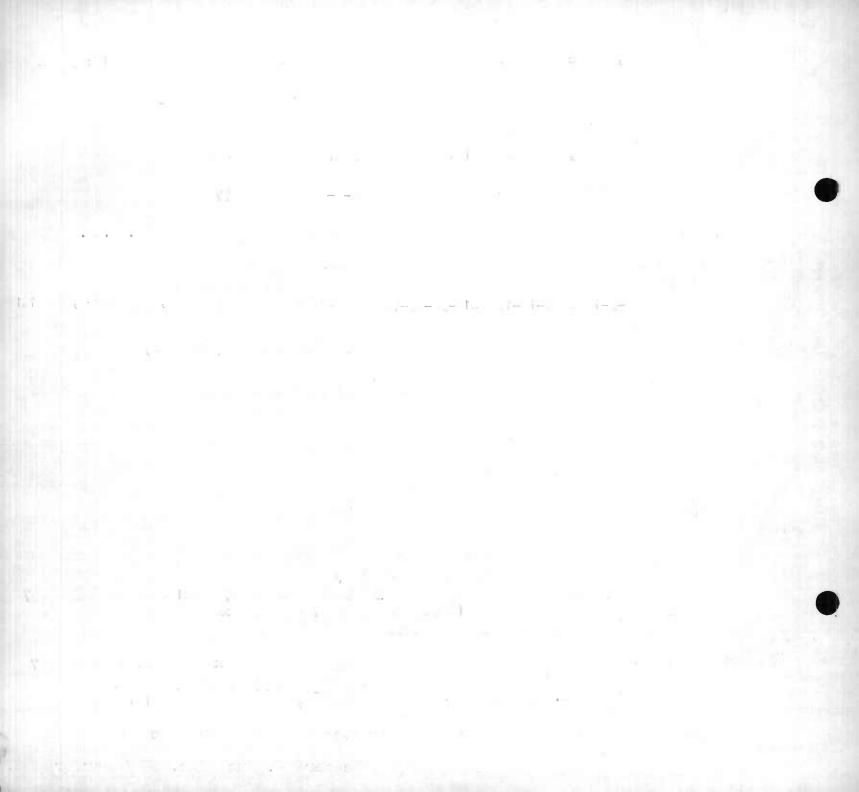
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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



67 10	BALTIMORE CITY	HEALTH DEPARTMENT		C7 40070
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	07 13076
M.E. CASE NO.			HOUR OF DEATH	
(Type or Print)	1 1/1/		4	1 0.50 0
3. PLACE OF DEATH IN BALTIMORE MARYLAND	ela Valle	10-2	deceased lived If inc.	1 2:50 P. M. titution: residence before odmission)
The state of brain in satisfactory institution		A. STATE B. COUNT	Υ	1 A
FULL NAME OF (If not in hospital or institut	ion, give street	Md		Ballo o
HOSPITAL OR oddress or locotion)		C. CITY OR TOWN (If outs	ide city limits, write RU	URAL and give township)
Maryland General 1-	tospital	Phoenix		33-00
Marylana Govern	/	D. STREET ADDRESS (If re	rol, give location)	
44 X		40 Club	View La	
5. SEX 6. RACE White 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
19 a returbus dutum	OWED, DIVORCED (specify)	1-5-1881	ost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	DOF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF
done during most of working life, even if retired)		T11		WHAT COUNTRY?
Ret. Mason Sto	ne	+ Taly		U.SH
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	E	
1 11000 1/-1/-		Theres	Altomare	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	TITOOMOT 6	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.			
No 218032041-	<b>LIB</b> ERIERE	Mr.Charles J.	Valle 40	Club View Rd.
18.42011	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		, ,		
LEADING TO DEATH	(A) Ac	te Myocardia oscleratic periph	1 In Egratio	in 7 day
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	1 1. aariah	and we cale	
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B) elt	rease E ocelu	sian	has drawn than the thing of the school of th
DISEASES OR CONDITIONS, if any, gi	DUE TO			
rise to the above cause (A) slaling	the (C) 4	E secondary g	Auguenc	A
UNDERLYING CONDITION last.		/ /		
	chronic E	imphysema		
OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING	,		A LONG TO STATE OF THE PARTY OF
TO THE DEATH BUT NOT RELATED TO	possible	intestinal obs		
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED
E O			CERIII IIII G CAO	JET OF BEATH.
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in		(If in Baltimore	City, give exoct locotion)
DEATH (notify medical examiner)	home, form, foctory, street, of etc.)	nee siege, my okt OCCok:		
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	BY OCCUP?	
S OF INJURY	While At Mot While		KT OCCOR:	
(APPROX.)	Work At Work			
22. I certify that (I) (this haspital) attend	ed the deceased fram	10-13-	67 to	10-21 1967.
that (1) (we) last saw the deceased alive				
			i in (my) (qur) apin	ran dearn accurred an the date
and haur and from the causes stated abay	e. (I) (We) (did) (did nat) v	iew the body after death.		
23A. SIGNATURE		,		23 B. DATE SIGNED
Tropporter 1st	O MASSON.D. Atte	ending Med. S s. Director F	toff Thys.	10-21 67
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	M.D.	Maryland G	eneral Hos	spital
Dr. Flijich Sounders 24A. BURIAL CREMATION, 124B. DATE 124	C. NAME of CEMETERY OF CRE			
REMOVAL (Specify)				y, town, or county) (Stote)
Burial 10/25/67   Burial   10/25/67   Burial	Holy Redeemer	Cemetery Bal	timore, Ma	aryland
25A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	eonard J.	Ruck ADDRESS Inc.
OCT 23 1967 R.L	est E. Sabura	5305 Harford	Rd. , Balto	o. Md. 21214
V\$ 150-REV. 1/1/65				

40 Club View Last Male Irelia Marnet 1-5-1951 86 I+14 USA 67 11 11 11 11 11 11 Luis Valle The state of the s Acite to and Inscribe Total the sea building a second with to I secondary James market and autoria of our 67 10-2/ 10-13torappe Bonson

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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

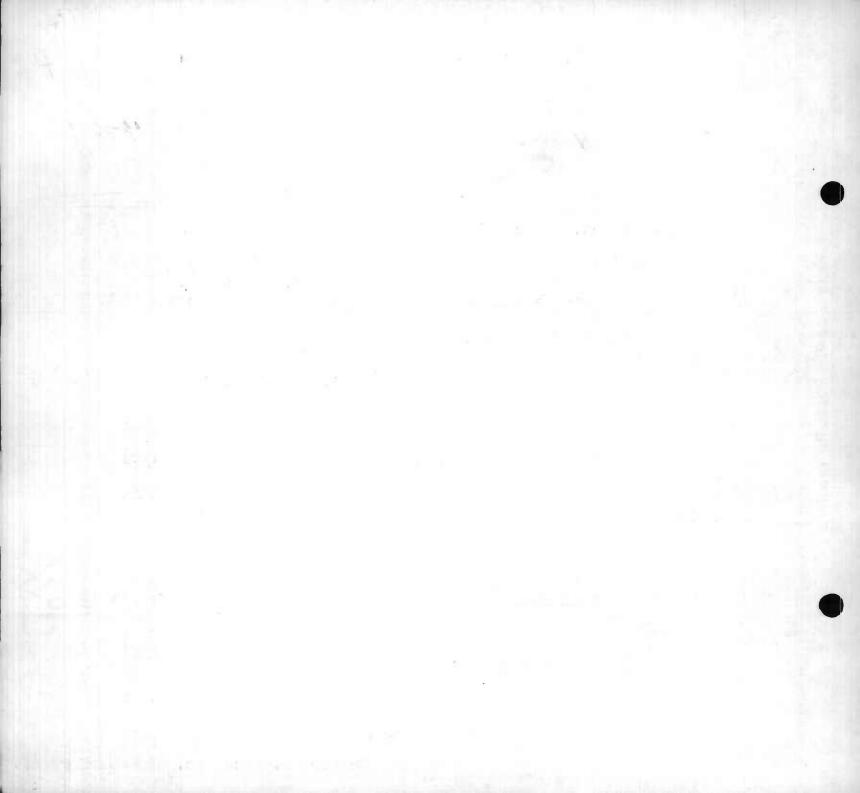
If Under 24 Hrs.

Hours

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ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

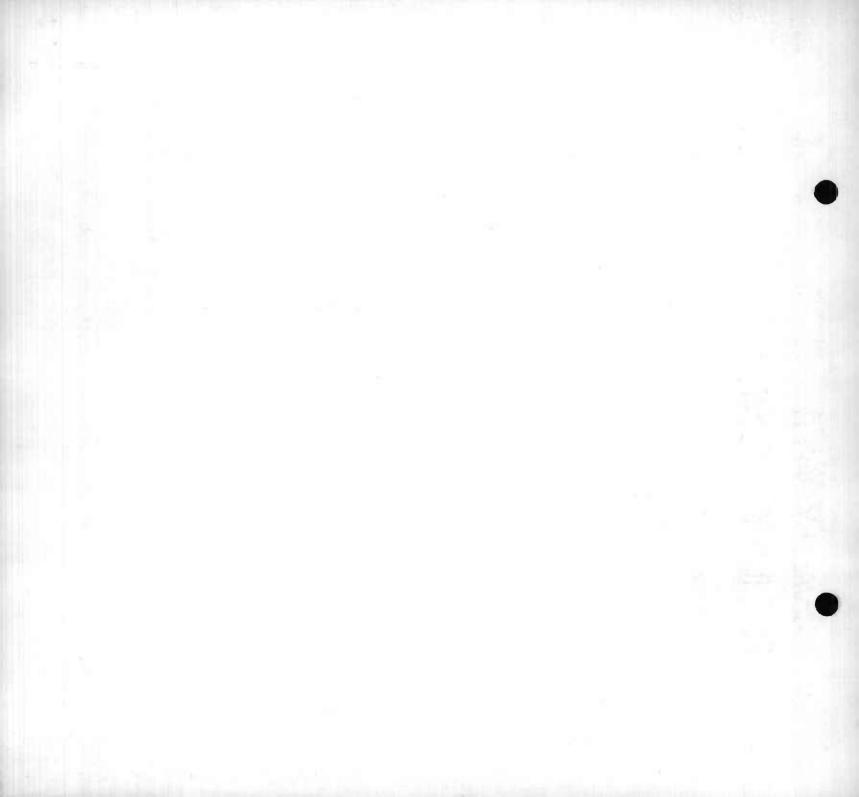


M.E. CASE NO.	07	1007	CERTIFICA	TE OF DEATH	Registered No	0.
Type or Print)	ARY, CARRIE			10#2	2 - OF DEAT	1 10! 55 A
FULL NAME OF BOLTON, HILL INVESTIGE CENTER			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY  MARYLAND			
HOSPITAL OR	address at lacotion		gree sheet	c. city of townorth	autside city limits, with	URAL and give township)
90				D. STREET ADDRESS 3600 PAINE	(If rural, give location)	Andrew A
F F	6. RACE W.	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	CUPATION (Give kind of work I working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	MARYLAND	foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NA BRICE	JOSEPH			14. MOTHER'S MAIDEN CONLLY	NAME	
	d Ever in U. S. Armed Fare (n) (If yes, give wor or date:		16. SOCIAL SECURITY NO. 214 14 2852	17. INFORMANT ADMISSON RE	CORD ( CHART	ADDRESS
hearl failure, injury ar ca  DISEASES rise la II UNDERLYIN  OTHER SIGN TO THE I	LEADING TO DEATH nal mean lhe made af , asthenia, etc. II means mplicalian which caused  ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) IG CONDITION last.  IIIIIII ANTECONDITIONS CONDITIONS	the disease, death.)  any, giving stating the		fuctions.	n and of yest such generalize I duran	year,
19A. DATE O	WAS PERF	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes on or about 21 C. WHERE DIS	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
DEATH (notif	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	ham etc.	e, form, factory, street, a	ffice bldg., INJURY OCCUR	??	ote only, give exact location
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED  Not While the At Work		INJURY OCCUR?	
	y that (I) (this haspital ) last saw the decease		/	8/10 2 19 6 7 and	19 <b>65</b> ta	pinian death occurred an the de
23A. SIGNAT	alm	ed abave. (I	AM M.D. Att	ending Med.	7.	238. DATE SIGNED
23C. PHYSICI NAME (	ALLAN,	H. MI	ACHT M.D.	23D. ADDRESS ZE.RE		BET HOL 2/202
REMOVAL Burial	(Specify) 248. DATE 10/25/6	57 Ebe	enezer Cemeter		Winfield, Ma	(City, town, or county) (State) aryland
25A. DATE REC'I	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS



FUNERAL DIRECTOR:

	BALTIMORE CITY	Y HEALTH DEPARTMENT		67 10079
BIRTH NO. 67 1U	U/S CERTIFICA	TE OF DEATH	Registered Na.	01 10010
A.E. CASE NO.			HOUR OF DEATH	
Type or Print)	aules	Z. DATE AND	0/22//	7 . 6:150
WWW "	milly		0/22/10	1 6.47 1
. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	leceased lived. It in	estitution: residence before admissi
FULL NAME OF (If not in hospital or institu	tion gue steet	ml		
HOSPITAL OR oddress or (occition)	iton, give sireer		e city limits, write	RLIDAL ond give township)
INSTITUTION		Balti		1-1X
		D. STREET ADDRESS (If rure	ol, give location)	1
SINAI HOSPITAL		5710 St	16 . 1 . 1	244
		3217 20.	Sauce a	
	OWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years t birthdoy)	(f Under 1 Yr. If Under 24   Months Doys Hours Min
1- W	WidowEd	9-13-95	72	
DA. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (State or foreign	country)	12, CITIZEN OF
one during mast of working life, even if retired)	. /	- m		WHAT COUNTRY?
Housewise	Home	歷: 10	ARYLAND	UOH
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	5 - 1 1 1			114
	2mith	MARY JAN	e KRYN	ADDRESS
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of ser	vice) 1 6. SOCIAL	17. INFORMANT		ADDRESS 2128
MA	7	ma Managery	1 22	569 William Ave
18.//	CAUSE	MR. Charroce W.	4093	INTERVAL BETWEEN
T=C=C//	CAUSE	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	D.	ILLIAN ENELL	08	
LEADING TO DEATH	10/	LMON EDEM	7 9	
(This daes not meon the made of dying, heart failure, asthenia, etc. It means the dis				
injury ar complication which coused death.)		ISCUD ECHE		
ANTECEDENT CAUSES	(B)	OCKO C CIT		
	DUE TO	-		
DISEASES OR CONDITIONS, if ony, or rise to the obove couse (A) stoting				
UNDERLYING CONDITION last.	(0)		BBB 05 05 08 08 00 F0 00 00 FFFFFFFFFFFFFFF	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED T				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		70,0,3,, ,,,	IN CERTIFYING CA	USES OF DEATH?
<b>E</b>	Joseph St. Commission of the C	L VOIC WHERE DID	//A ' P //	
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	til in bottimor	e City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
O 21D. TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
OF INJURY	While At Not Wh	ile 🗆		
(APPROX)	Work At Work		4-	
22. I certify that (this haspital) atten	ded the deceased from	10/17 19	6/10	10/22 196/
0	11/21	2 73		!-! dALd AL-
that () (we) last'saw the deceased alive			indiges (dur) dp	inian death accurred an the
and haur and fram the causes stated abo	ive. (We) (did) (45664)	view the bady after death.		
23A. SIGNATURE				23 B. DATE SIGNED
Ediner A. Chair		tending Med. St	off T	10/22/67
COC PHYSICIANS	Y' . Ph		nys.	1-1-1
23C. PHYSICIAN'S NAME (Type)	20.15.1	23D. ADDRESS	class	
EDWARD K. C	OHEN M.D	1011	TOSP.	
4A. BURIAL CREMATION, 24B. DATE	AC. NAME of CEMETERY OF C	REMATORY 24D. LOC	ATION (C	ity, town, or county) (Sto
REMOVAL (Specify)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
BURIAL 10-26-67	Wood LAWN C.	Emptrey Yuc	ood LAWN	MARYLAN
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	N. I.V.	ADDRESS
DET 2.3 1967 de 0.	. Fr E Star Ven Pla	12. P. 11 72.04	ake T	1050 YOKK



Mil , Bultimore ( Union Hemorial Hosp Bultimore 3714Hillsdale Koad Sett Employed Katie Rowse Frank Mills wite same Cerema nemerage IN THE DIE OF THE STE

DIRECTOR:

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VS 150-REV. 1/1/65

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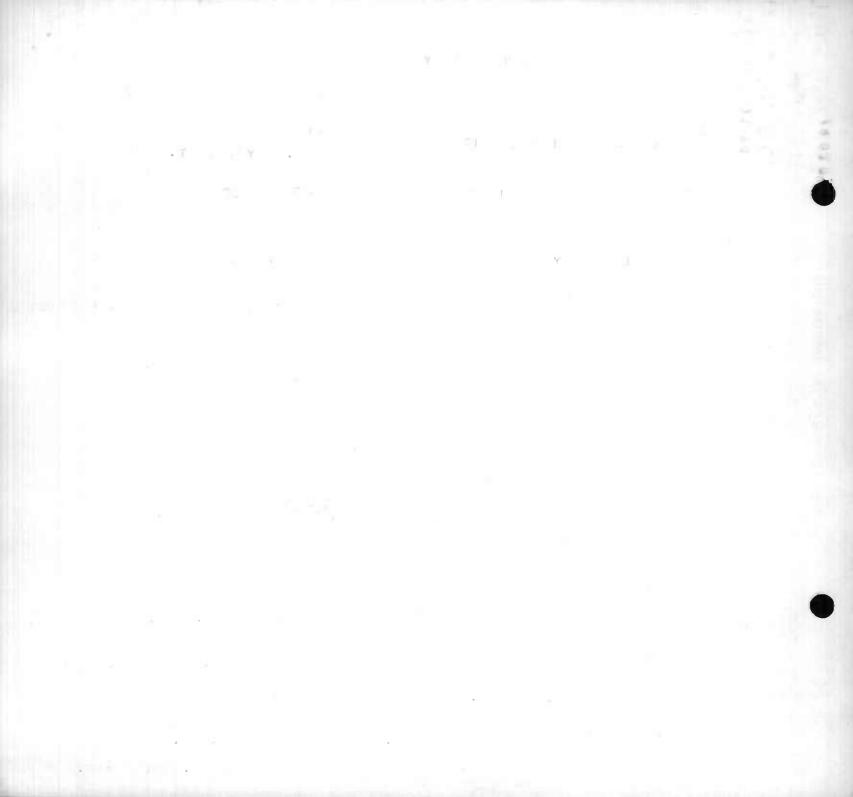
PICHARD N SCOTT

DHAS HOPKING HOSP (BA

DIRECTOR:

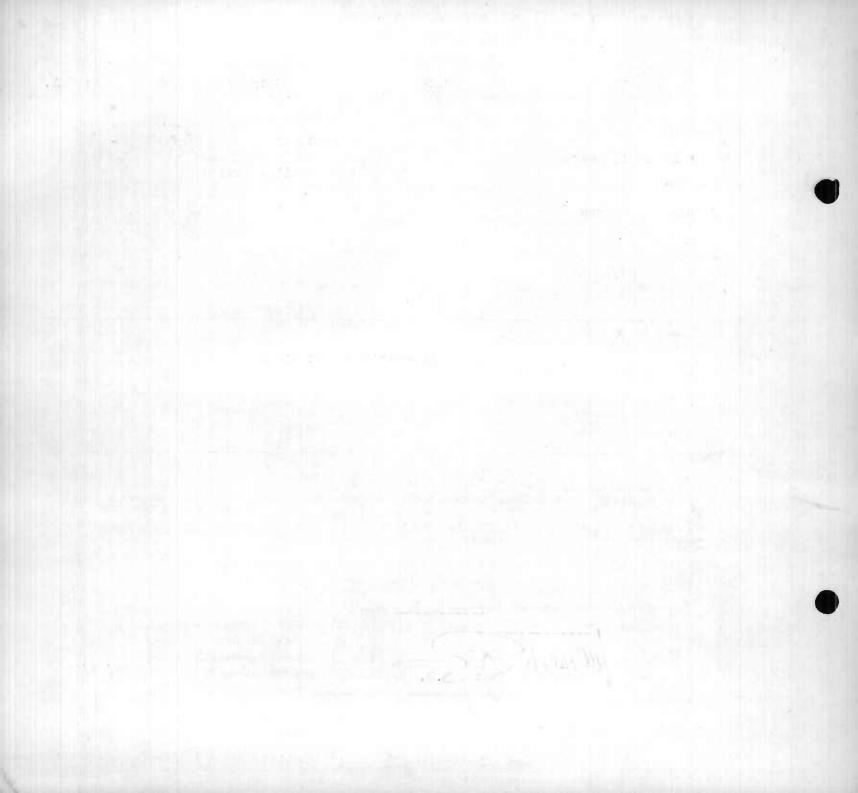
FUNERAL

VS 150-REV. 1/1/65



67 10084 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 10084

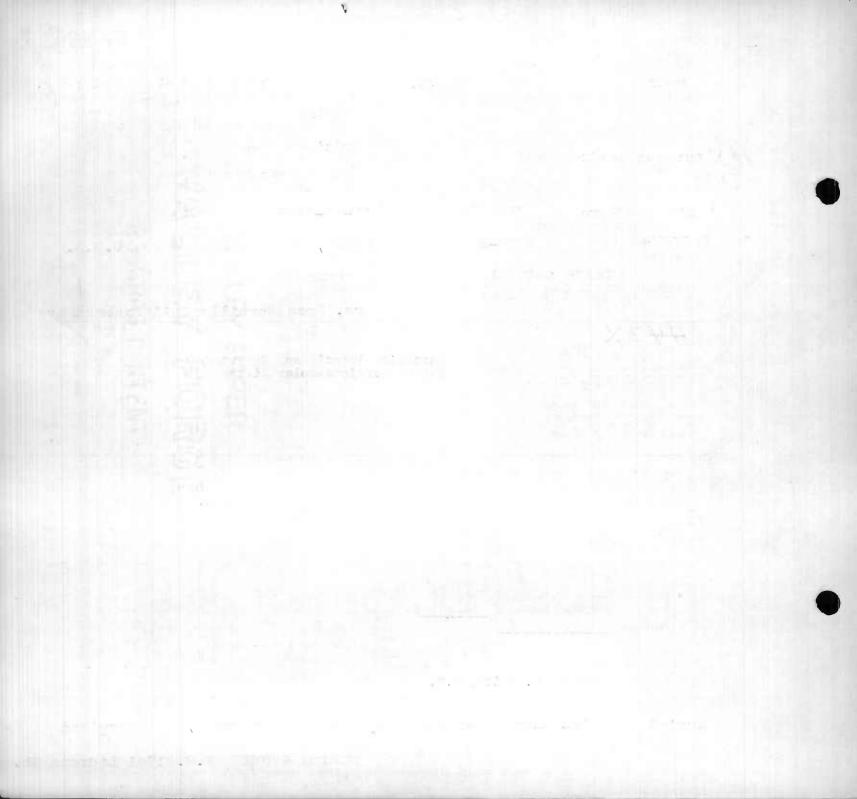
M.E. CASE NO.				
1. NAME OF DECEASED	1. NAME OF DECEASED  2. DATE AND HOUR PRONOU			
VANDALIAH	GREEN	00	tober 22, 196	7 9:00 A. M.
3. PLACE IN BALTIMORE, MARYLAND, W  FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland	B. COU	itution: residence before admission) INTY  RURAL and give township)
INSTITUTION		Baltimore 4-0		-0 A
2200 Cecil Avenue		D. STREET ADDRESS (If rural, give location)		
600		2200 Cecil Avenue		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 6/10/24	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female Negro  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	108. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Lee Shew		Bessie S	haw	
15. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	The Research	ADDRESS
No		James Gr	en 2200	Cecil Are.
DISEASE OR CONDITION DILEADING TO DEATH  (This does not meen the mode of head failure, asthenia, etc. If means injury ar complication which caused an antecepent CAUSES  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST.	dying e.g., DUE TO DUE TO COMMENT OF THE COMMENT OF	ic Heart Dise	ase	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING TIPA, DATE OF OPERATION TIPB, CON WAS PER	LATED TO THE			
19A, DATE OF OPERATION 19B, CON WAS PER		NO NO	No) 208. IF YES, WERE FIN	
Q 21A, EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in ar about 21C. WHERE DI office bldg.,	D (If in Baltimore City, gi	ve exact lacotion)
OF INJURY (APPROX.)		WHILE	INJURY OCCUR?	
22. I certify that I held an Incresulted fram:, Natural ca			this basis, death in n	
ACTUAL MAN		CHIEF MEDICAL	EXAMINER _	DATE SIGNED
EXAMINER'S Werner NAME (Type)		ASSOCIATE MEDICAL		10/22/67
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY			, tawn, or county) (State)
TBUVIL 1 10/26	167 Mt. Celvar	y cem.	Anne Hrun	idel Ctg. MW.
24A. DATE REC'D BY HEALTH DEPT.	24B NAME OF REGISTRAR	24C. FUNERAL DIREC	TOR	ADDRESS
OCT 2 3 1967	Robert E. Farbuna	Wmc.	MARCH 9	28 E. North Au



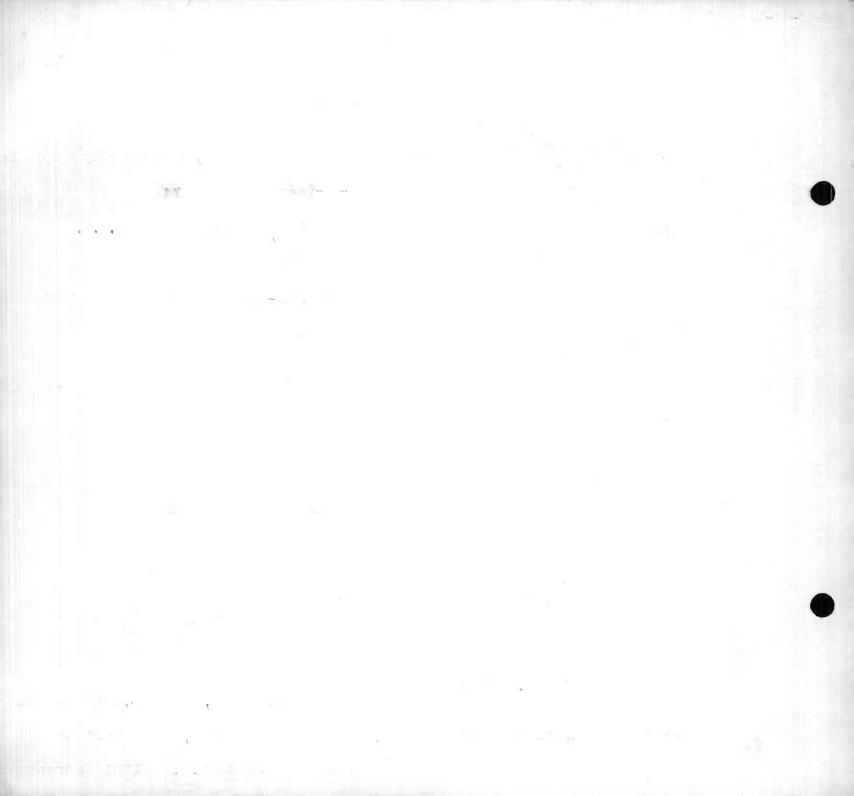
VS 151-REV. 1/1/65

## 67 10085 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10085

M.E. CASE NO.								
1. NAME OF DEC	EASED				2. DATE AND HOUR	PRONOUNCED DE		
OZELL		SPRUI	ILL		October 2	1, 1967	10:3	5 P.M.
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased lived. If institution: residence be A. STATE B. COUNTY Maryland				
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE	STREET	CITY OR TOW	N (If outside corporate	limits, with RURA	L one give lowns	hip)
Luthera	n Hospital (I	)OA)	D		ESS (If rurol, give loco		10	
0				3811 Ba	ateman Avenu			
Male	6. RACE Negro	7. MARRIED, NEVER MAR WIDOWED, DIVORCED(sp MARRIED	pecify)	12-11-1			nder 1 Yr. If Und	
LABORER	JPATION (Give kind of wor vorking life, even if retired)	BETH-STEEL		443 0 040 4000000 000000000000000000000			THE OF COUNTRY?	
3. FATHER'S NAM	WILLIE S		14	14. MOTHER'S MAIDEN NAME		0,5,8,		
	D EVER IN U.S. ARMED	FORCES? 16. SO CIAL	NO.	. INFORMANT	SPRUILL	ADDI		
			1	Mrs. Do	ra Spruill	1 3811 E	Bateman	Ave
DISEASES OF THE DISEASE OF THE DISEA	INTECEIDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S IG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B, CON WAS PER	S (B)  NY, GIVING DE CONTRIBUTING  LATED TO THE G IT.  IDITION FOR WHICH OPER	UE TO		(Yes or No) 20B, IF Y	ES, WERE FINDING FYING CAUSES OF		
UNDERLYING DEAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. PLACE OF IN home, form, focto etc.)	NJURY (e.g., in orry, street, office	or obout 21C. W e bldg., INJURY	HERE DID (If in Boltin OCCUR?	more City, give exo	ct location)	
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	r) (Hour) 21 E. INJURY C	NOT WH	IILE -	W DID INJURY OCCU	J R?		
	URE Werner	nquiry Inspection	Suicida M.D.	Hamleic CHIEF ME	that an this basis, de Undeterm EDICAL EXAMINER EDICAL EXAMINER	nined manner	DATE SI	GNED
23A, BURIAL CRE REMOVAL (Specify Burial	MATION, 23B. DATE	23C. NAME of			23D. LOCATION			(Stote)
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF REGISTRA		24C. FUNERA			Maryland ADDRESS	
	OCT 23 1967	Robert E. Fo	Weeks	MORTO	A & DYETT	F.H. 170	l Laure	ns S



VS 150-REV, 1/1/65



67 1008'7 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 6.7 10087

BIRTH NO.	AL EXAMINER	3 CERTIFICATE	OF DEATH Registe	rea no.	
M.E CASE NO.				· ·	
1. NAME OF DECEASED		2.	DATE AND HOUR PRONOUNC	ED DEAD	
ARMSTRONG	BRANC	CH	October 20, 1967	6:50 P. M.	
3. PLACE IN BALTIMORE, MARYLAND, WHE		A. STATE Marylai	ICE (Where deceased lived, II inst	titution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN	C. CITY OR TOWN (II outside corporate limits, with ORAL and give township)		
Lutheran Hospital (D	OA)		SS (If rural, give lacation)		
			Payson Street		
	MARRIED, NEVER MARRIED IDOWED, DIVORCED (specily) MARRIED			If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.	
IOA. USUAL OCCUPATION (Give kind of work 10				12. CITIZEN OF	
done during most of working life, even if refired)  RETIRED			O., VIRGINIA	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIL	the state of the same of the s		
EMPRESS BRAN			ILLIS BRANCH		
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no or unknown), (If yes, give war or dates of		17. INFORMANT		ADDRESS	
		Mrs. Fanr	nie Branch 200	04 N. Payson St	
1B. ,		AUSE OF DEATH		INTERVAL BETWEEN	
4000				ONSET AND DEATH	
DISEASE OR CONDITION DIREC		erioscleratic (	Cardiovascular Di	50250	
(This does not mean the mode of dehear failure, asthenia, etc. It means the	ying, e.g., DUE TO	elioscielocic (	Sardiovascular Di	sease	
injury at camplication which caused dea	e disease, ith.)				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY	(B)		~ 0~ 00~ 000~ × × 00 0000~ 00 00 00 0 00 00 00 00 00 00 0	· · · · · · · · · · · · · · · · · · ·	
RISE TO THE ABOVE CAUSE (A) STAT	, GIVING DUE TO TING THE				
UNDERLYING CONDITION LAST.	(C)				
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	TED TO THE Chronic	c Bronchitis an	nd bronchiectasis		
OTHER SIGNIFICANT CONDITIONS COND	TION FOR WHICH OPERATION	N 20 A. AUTOPSY? (N	Yes ar Na) 208. IF YES, WERE FI		
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	home, form, foctary, s	(e.g., in or obout 21C. WH treet, affice bldg., INJURY O	ERE DID (If in Boltimare City, gi	ve exact location)	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCU	IRRED 215 HOW	V DID INJURY OCCUR?		
OF INJURY (APPROX.)	m. WHILE AT	NOT WHILE	SD MON OCCUR		
22. I certify that I held on Inqu			hot on this bosis, death in r	my opinion	
resulted from:   Notural cause	S X Accident	Suicide Hamicide	Undetermined monn	er	
		CHIEF MED	DICAL EXAMINER		
ACTUAL ///L	1h 7 -		DICAL EXAMINER X	DATE SIGNED	
SIGNATURE (LL)	11/1/	_ MI D 4	DICAL EXAMINER	10/21/67	
NAME (Type)	U. Spatz, MD				
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23 NAME of CEME	ETERY or CREMATORY	23D. LOCATION (City	, tawn, ar caunty) (State)	
Burial 10-24	-67 Good Hop	e Bapt Ch. (	Cem. Amelia C	o., Virginia	
24A. DATE REC' BY HEALTH DEPT.	48, NAME OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS	
BO1 23 1967 (1)	0. 8- 9 .Z. A.	MODEO	NI C DVEMM E H	1701 Inurona	

VS 151-REV. 1/1/65

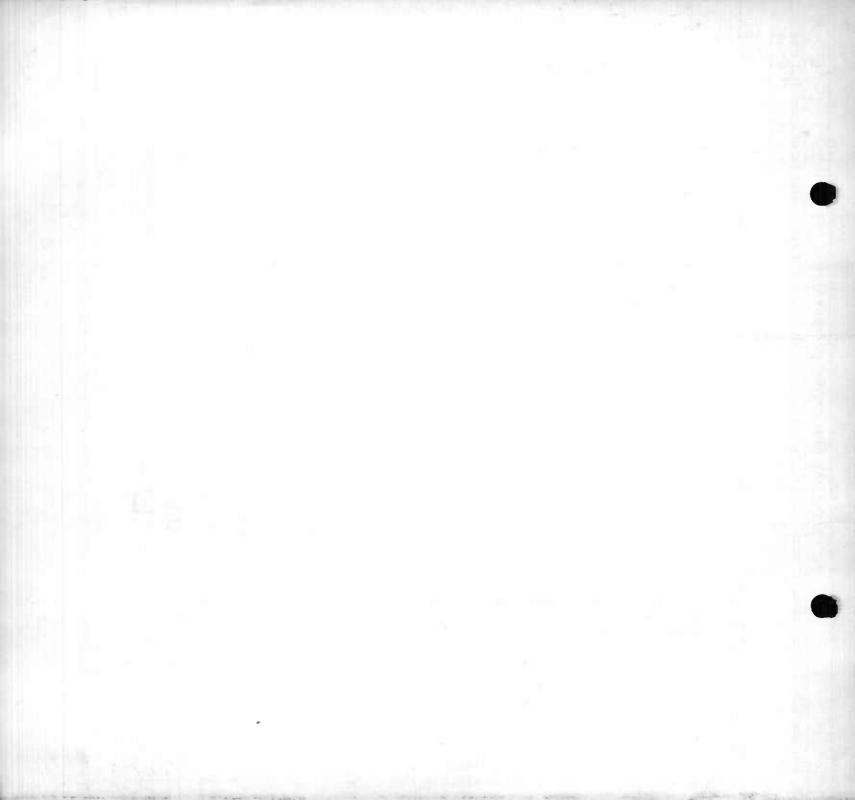
MORTON & DYETT F.H. 1701 Laurens St

Andrew Committee of the 

C-467		HEALTH DEPARTMENT		67 10088
BIRTH NO. Balto Co. md. 67 101	OS CERTIFICA	TE OF DEATH	Registered Na.	31 20000
M.E. CASE NO.			D HOUR OF DEATH	-6
Type or Print)	1 11211	10/	21/17	11,50
PLACE OF DEATH IN BALTIMORE MARYLAND	MAICKE	4. USUAL RESIDENCE (When	e deceased lived. If institu	tion; residence belgte odmissio
		A. STATE B. COUN	TY '	tion; residence belgie odmissio
FULL NAME OF (If not in hospital or institut	ion, give street	MARTHAM	7	
HOSPITAL OR oddress or location) INSTITUTION	,		side city limits, write RUR	ML and give township
20 1 init a	1. 11/1		RE OF	2 7
38 anwierty #	agus	D. STREET ADDRESS	ryrol, give location)	
/		5522 1	arry Tod	
SEX 6. RACE 7. MARE	RIED, NEVER MARRIED OWED, DIVORCED (specify)			Under 1 Yr. It Under 24 Fonths Doys Hours Min.
MW	MEANT	6/30/67		E/-
DA. USUAL OCCUPATION (Give kind of work 108. KINT	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 1:	CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)		B. 16. 711	aryland.	il-SA.
3. FATHER'S NAME	. 4	14. MOTHER'S MAIDEN NAM	1/	U-JA.
10 1 281 00	. 1. 1.		1 11 0	
Kalpu M. Cla	me yr.	Mudity	A. Klaus	meller
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 6 F 3 1/1	CAUSE C	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1 1-		ONSET AND DEATH
LEADING TO DEATH		Septiceme	^	
(This does not mean the mode of dying,		ALL JUNGON	.9	• • • • • • • • • • • • • • • • • • •
heart failure, asthenia, etc. It means the dise injury at camplication which caused death.)	ase,	/		
ANTECEDENT CAUSES	(8)			
	DUE TO			
DISEASES OR CONDITIONS, if any, girrise to the above cause (A) stating		000000000000000000000000000000000000000		
UNDERLYING CONDITION last.				•
- 11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBU				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	INE			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	S OF DEATH?
WAS PERFORMED		NO		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	n or obout 21 C. WHERE DID	(If in Boltimore Ci	ty, give exoct locotion)
DEATH (notity medical examiner)	etc.)			
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At   Not Whi	le 📺		
	Work At Work			,
22. I certify that (I) (this haspital) attend		// -	19 67 to 10	12 1 19 6;
that (1) (we) last saw the deceased alive	an / D/2/	19 6 7 and th	at in (my) (aur) opinia	n death accurred on the
and haur and fram the causes stated abov		,		
23A. SIGNATURE	Norman	•	23	B. DATE SIGNED
Franco O D	M.D. Att	ending Med.	Stoff Phys.	10/2-1
23C. PHYSICIANS	ey ween Phy	23D. ADDRESS	rnys, Lac	10/20/17 /
23C. PHYSICIAN'S NAME (Pype)			1000	177
REYMALDO N.G	EUZMANY M.D.	Mumerh	ly Har	perel
REMOVAL (Specify) 248. DATE 74	C. NAME of CEMETERY OF CR		OCATION (City A	own, or county) (Stot
10-98-6/	HOLY REDE	ENIER Ce. 44	130 Belair	RD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
	. Farley ME	9/ PA ()	50 . 10	3275 High 2
(5.150.PEV 1/1/65	1 demonstration	+ Frank H	ila voce	277716dr x

Desiral Lawrence

7-5/2 67 10	000	Y HEALTH DEPARTMENT	D IN	67 10089
M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na	
1. NAME OF DECEASED (Type or Print)	/		ND HOUR OF DEATH	1145
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	(hompson			stitution: residence before admission)
		A. STATE B. COU	NTY	
FULL NAME OF (If not in hospital or institution oddress or location)	tion, give street	C. CITY OR TOWN (If o	uteldo elte limite unito l	URAL ond give Jornship)
INSTITUTION		Baltimore		A-O
3 & University Hos	oital	D. STREET ADDRESS (I	frurol, give location)	
000000000000000000000000000000000000000		810 W. F1	ayeth st	1 and
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
TRANS	MARRIED	3-14-14	5-3	
tOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
H/W		VA.		U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Henry Austin		Virginia	Sheppardso	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	, , -,	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of serv	security No.	0.01.1	, 0	
118.	CAUSE	OF DEATH	son Si	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAOSE	or other		ONSET AND DEATH
LEADING TO DEATH	(A)	Aspiratio	n of vonite	S 30 minutes
(This does not meon the mode of dying, heart failure, asthenio, etc. It means the disc	e.g., DUE TO			A.J
injury or complication which caused death.)		1	1 1/2 222 201	4. / -0
ANTECEDENT CAUSES	(B) DUE TO	ubarachnoid	THENTONINAS	c /0/1/3.
DISEASES OR CONDITIONS, if any, gi	inia -	/		100 600
rise to the above couse (A) stating UNDERLYING CONDITION last.	The (C) /Co	ptured aneu	cysm	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	) THE			
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
W ACCIDENT WAS UNDERLYING	Tale blace of thillipy	NO		
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	etc.)		91	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Work At Work			
22. I certify that (1) (this hospital) attend	led the deceased fram	10/21	1967 ta 10	122 1967
that (1) (we) last saw the deceased alive	on 10/22	19 67 and t		nian death accurred an the date
and haur and fram the causes stated above	ve. (I) (We) (did) (did not)	view the bady after death	•	
23A. SIGNATURE	,			23B. DATE SIGNED
Dary m. Latte,	M.D. A	ttending - Med.	Stoff Phys.	10/22/67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	,	11
GARY M. LAttin	M.D	University	Hospita	1 - Baltimore
	C. NAME of CEMETERY of C	REMATORY 24D.	LOCATION (Ci	ly, town, or county) (Stote)
REMOVAL (Specify)	HI. ANDER CA	Em.	Bar	111.
25A DATE RECIDENT HEALTH DEST. 208. NA	ME OF REGISTRAR	250 EUNERAL DIRECTO	OR A	ADDRESS
001 60 1301 (Polent 8.	tarbeuma.	Kellow 61	Unerd W	my B48 alhoun
/6 150 BEN 1/1/45		1 -00 10 10	will de la	· · · · · · · · · · · · · · · · · · ·



FUNERA THE CHIEF ME THE CHIEF ME THE CHIEF ME THE THE THE CHIEF THE CHIEF ME THE CHIEF	the chief all by a m; (2) Body lere the p o physicia	the chief n al by a may; (2) Body b here the ph o physicial	he chief medical examiner or his assistant by a medical examiner. Also, if the direction of any kind; (2) Body burns; (3) A fracture of any kind; (4) the physician who pronounced death physician was in regular attendance on fore the remains are embalmed or final dispersion.	al examine examine (3) A frac an who p	R: IMPO er or his of er. Also, il trure of an oronounce ar attende	ORTANT assistant f the dire y kind; (4 d death ance on	if death of the oct or co oct oct oct oct oct oct oct oct oct	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained helps and as a medical medical disposition is made.
--	--	--	--	---	---	--	---	--

N1-600	) nm	BALTIMORE CITY	Y HEALTH DEPARTMENT		67	10091
IRTH NO.	67 1	0091 CERTIFICA	TE OF DEATH	Registered Na.	07	TUUUA
A.E. CASE NO.				ID HOUR OF DEATH		
Type or Print)	John Moo	70	21 57 12 71			7 007
PLACE OF DEATH IN			4. USUAL RESIDENCE (When	10-22-67	netitution: reside	7:20 F
			A. STATE B. COUN			
FULL NAME OF	(If not in hospital or ins	titution, give street	Maryland c. city of town (If out			
INSTITUTION	oddress or location)		C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give	e township)
	rovident Hos		Baltimore			1-00
391	514 Division	Street	D. STREET ADDRESS (IF	rural, give location)		
Be	altimore, Ma:	ryland 21217	1340 Druid H	ill Avenue		
SEX 6. RAC	E 7. M	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Y	. If Under 24
Male Ne	egro	TOWED, DIVORCED (specify)	2-8-35	lost birthdoy)	Months Day	s Hours Mir
	0	SINGLE KIND OF BUSINESS OR INDUSTRY		on country)	12, CITIZEN	OF
one during most of working			10 d	g.,,	WHAT	OUNTRY?
			N.C.		21.	3. A.
FATHER'S NAME			14. MOTHERS MAIDEN NA	ME		
. Was Deceased Ever in	II S Amed Barres	1 6. SOCIAL	17. INFORMANT		An	DRESS
	s, give war or dates al		THE CHANGE			
			Roosevelt Bo	www	1716 Wa	olfe St
18. 2 2 7 V		CAUSE	OF DEATH		INTE	RVAL BETWEEN
DISEASE OR	CONDITION DIRECTL	Y	11		ONS	ET AND DEATH
	NG TO DEATH		Her pooler	en l	10	
(This does not me	on the made of dyin	g, e.g., DUE TO	10030		W	
	io, elc. Il means the		- 1 0 8	0		
	on which coused death	(B)	alcottlisi	a D.	( blue-	
ANTEC	EDENT CAUSES	DUE TO	,			
	NDITIONS, if any,		ASP. Men	man, &	sec.	
UNDERLYING CON	ve couse (A) stati IDITION last.	ng The (C)	J	·····		******************
	11					
OTHER SIGNIFICAN	T CONDITIONS CONTI	RIBUTING				
TO THE DEATH	BUT NOT RELATED	TO THE				
19A DATE OF OPERA		N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE	FINDINGS COI	NSIDERED
0	WAS PERFORM		37	IN CERTIFYING CA	USES OF DEAT	TH?
21A. ACCIDENT WA	S UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimor	e City, give ex	act location)
OR CONTRIBUTING	CAUSE OF	home, form, loctory, street, o	olfice bldg., INJURY OCCUR?	111 +01111101	,, g	
DEATH (notify medical	ol exominer)	etc.)				
OF IN HIDY	h) (Day) (Year) (Ho	ut) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX)		While At Not Whi				
		Work At Work		18		
22. I certify that (	l) (this hospital) otto	onded the decoded half		19 67 to Oc	tober 2	2, 19.67
that (1) (we) last s	saw the deceased ali	ve on October 22,	19 67 and th	at in (my) (aur) op		
and hous and from		bove. (1) (We) (did) (did not)	view the hady after death			
23A. SIGNATURE	the couses stated a					
	the couses stated a		10		238 DATE SI	GNED
1. 8	the couses stated a			Stoff	23B. DATE SI	
wex	the couses stated a		tending Med.	Stoff Phy s.	23B. DATE SI 10-2	
23C. PHYSICIAN'S	bucod	M.D. Att	tending Med.	Stoff Phys, w		
wx	bucod	M.D. Att	tending Med. ys. Med. Director 23D. ADDRESS		10-2	3-67
23C. PHYSICIAN'S NAME (Type)	M. Mercod	2 do M.D.	tending Med. ys. Director  23D. ADDRESS  1514 Division	Street Balt	10-2;	3 <b>-</b> 67 yland
23C. PHYSICIAN'S NAME (Type)	M. MERCOR	M.D. Att	tending Med. ys. Director  23D. ADDRESS  1514 Division	Street Balt	10-2	3 <b>-</b> 67 yland
23C. PHYSICIAM'S NAME (Type)	M. MERCOR	M.D. Att	tending Med. ys. Director  23D. ADDRESS  1514 Division	Street Balt	10-2;	3-67 yland
23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATIO REMOVAL (Specify) BURIQ	M. MERC N. 24B. DATE 10-25-67	2 do M.D.	tending Med. pirector 23D. ADDRESS  1514 Division SEMATORY 24D. L	Street Balt	to., Mar	3-67 yland
23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATIO REMOVAL (Specify) BURIA	M. MERC N. 24B. DATE 10-25-67	M.D. Att  2 00 M.D.  24C. NAME OF CEMETERY OF CR  H. Auburan  NAME OF REGISTRAR	tending Med. pirector 23D. ADDRESS  1514 Division SEMATORY 24D. L 25C. FUNERAL DIRECTOR	Street Balt	to., Mar	yland
23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATIO REMOVAL (Specify)	M. MERC N. 24B. DATE 10-25-67	200 M.D.  240. NAME OF CEMETERY OF CR	tending Med. pirector 23D. ADDRESS  1514 Division SEMATORY  24D. L	Street Balt	to., Mar	yland

Removed the many - 1116 World San John Jumphy 1919 Mp Person S.

Justin cold

Burtel 11-21-67 He Huberson Com Baghi, Miss

BIRTH NO. 67				67 10092
ME CARENO	0092 CERTIFICA	ATE OF DEATH	Registered No	. 67 10092
I. NAME OF DECEASED	^		AND HOUR OF DEAT	H /o
Type or Print) Louis A.	PARK	O.	Tober 22	1967 200 A
PLACE OF DEATH IN BALTIMORE, MARYLAN	4D	4. USUAL RESIDENCE (V	There deceased lived. If	institution: rasidanca bafara admissi
University 1	NOSPITAL	A, STATE B, CO	YNU	
FULL NAME OF (If not in hospital or instinction)  HOSPITAL OR address or location)	itution, give streel	MARYLAND		
INSTITUTION UnivERSITY O	ENLARVIA.		outside city limits, writ	a RURAL and give towaship)
University	i i in a grade	BALTTMORE		150
30		D. STREET ADDRESS	(If rural, give location)	
0		1520 RETRE	AT STREE	/
6. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 I Months Days Hours Min
MC	MARRIED	4-3-1911	56	
OA. USUAL OCCUPATION (Give kind of work 108, K		Y 11. BIRTHPLACE (State of		12. CITIZEN OF
lone during most of working life, even if retired)		VIRGINIA		WHAT COUNTRY?
2 CATHERE NAME				USA
3. FATHERS NAME		14. MOTHER'S MAIDEN I	, ,	
Moses PARKES		FRAZIE	R hewis	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1	ADDRESS
Yas, no or unknown) (If yes, give wor or dotes of so	orvice) SECURITY NO.	- 11	()	CO.
	215-09-314	MARGARET	hels	SAME
1B. / C / X 1	CAUSE	OF DEATH!		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH		ARCINOMA OF	LARYNX	6 MONTHS
(This daes not mean the made of dying heart lailure, asthenia, etc. It means the d				
injury or camplication which caused death.				
ANTECEDENT CAUSES	(B)		200 0 770 "24 0 0 0 0 24 0 000 <del>00</del> 4444444	**************************************
DISEASES OR CONDITIONS, if any,				
rise la lhe abave cause (A) slalin				
UNDERLYING CONDITION last.				
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING	10000	a. De Cars.	MSCHOLD DISENSE
		MY MOTHOLINGELLET	2011C CHRD10	UNSCUENK SIGH
DISEASE OR CONDITION CAUSING IT.		E THY ENTISCUE.		
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED
DISEASE OF CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION WAS PERFORME	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	N FOR WHICH OPERATION ED	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?  ore City, give exact lacation)
OR CONTRIBUTING CAUSE OF  DEATH (notify modical examinet)	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	218. PLACE OF INJURY (o.g., home, form, foctory, street, otc.)	in or ofout 21 C. WHERE DID office budg., INJURY OCCUR	No) 20B. IF YES, WER IN CERTIFYING (	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify madical examiner)  21D. TIME (Month) (Day) (Your) (Hou	218 PLACE OF INJURY (o.g., home, form, foctory, street, otc.)  218 INJURY OCCURRED	in or ofout 21 C. WHERE DID office budg., INJURY OCCUR.	No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	218. PLACE OF INJURY (o.g., home, form, foctory, street, otc.)	in or ofout 21C. WHERE DID office oldg., INJURY OCCUR	No) 20B. IF YES, WER IN CERTIFYING (	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify modical examiner)  21D. TIME (Month) (Doy) (Your) (House of Injury (APPROX.)	218. PLACE OF INJURY (a.g., hame, form, factory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, factory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, factory, street, atc.)	in or ofout 21C. WHERE DID office oldg., INJURY OCCUR.	No) 20B, IF YES, WER IN CERTIFYING (	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacotion)
J 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)  21D. TIME (Month) (Doy) (Yoor) (Hou OF INJURY (APPROX.)  22. I certify that (I) (this hospital) atte	218. PLACE OF INJURY (a.g., hame, form, factory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, factory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, factory, street, atc.)	in or odout 21 C. WHERE DID office bidg., INJURY OCCUR.	No) 20B. IF YES, WER IN CERTIFYING CO. (If in Baltim	e FINDINGS CONSIDERED CAUSES OF DEATH?  ore City, give exact lacotion)  CFO BER 22 19 6
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify madical examiner)  21D. TIME (Month) (Doy) (Yoor) (Hou OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attethat (I) (we) last sow the deceased alive	218 PLACE OF INJURY (a.g., hame, form, factory, straet, atc.)  21E INJURY OCCURRED  While At Not Wh Wark  anded the deceased from Occurred the deceased from	in or ofout 21C. WHERE DID office oldg., INJURY OCCUR.	No) 20B. IF YES, WER IN CERTIFYING ( ) (If in Boltim  INJURY OCCUR?  that in (my) (our) o	e FINDINGS CONSIDERED CAUSES OF DEATH?  ore City, give exact lacotion)  CFO BER 22 19 6
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical exomines)  21D. TIME (Month) (Doy) (Your) (House of Injury (APPROX.)  22. I certify that (I) (this hospital) attention (I) (we) last sow the deceased alive	218. PLACE OF INJURY (a.g., hame, form, factory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, factory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, factory, straet, atc.)  218. PLACE OF INJURY (a.g., hame)	in or odout 21C. WHERE DID office bidg., INJURY OCCUR.  21F. HOW DID	No) 20B. IF YES, WER IN CERTIFYING (  (If in Baltim  INJURY OCCUR?  19 6 7 to	CF3 B CFR 2 19 6
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examinet)  21D. TIME (Month) (Doy) (Your) (House of Injury (APPROX.)  22. I certify that (I) (this hospital) attempted that (I) (we) last sow the deceased aliverand hour and from the causes stated above.	218 PLACE OF INJURY (o.g., home, form, foctory, street, otc.)  21E INJURY OCCURRED  While At Not Wh Work  At Wo	in or ofout 21C. WHERE DID office oldg., INJURY OCCUR.	No) 20B. IF YES, WER IN CERTIFYING ( ) (If in Boltim  INJURY OCCUR?  that in (my) (our) o	E FINDINGS CONSIDERED CAUSES OF DEATH?  OTE City, give exact lacohon)  CTOBER 22 19 6
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19A. DATE OF OPERATION 198. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)  21D. TIME (Month) (Day) (Your) (Hourself Injury (APPROX.)  22. I certify that (!) (this hospital) attention (!) (we) last sow the deceased aliventhal and hour and fram the causes stated ab 23A. SIGNATURE	218 PLACE OF INJURY (o.g., home, form, foctory, stroet, otc.)  21E INJURY OCCURRED  While At Not Wh At Wark  Anded the deceosed from Cove an C708 R 2 2  Dove. (I) (We) (did) (did not)	in or ofout 21 C. WHERE DID office bidg., INJURY OCCUR.  21 F. HOW DID  illo  21 F. HOW DID  ive the body ofter deat  Med.  Diractor  23 D. ADDRESS	No) 20B, IF YES, WER IN CERTIFYING (  (If in Baltim  INJURY OCCUR?  that in(my) (our) oth.	CF3 B CFR 2019  appinion death occurred an the orange 238. DATE SIGNED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify madical examines)  21D. TIME (Month) (Doy) (Your) (House of INJURY (APPROX.)  22. I certify that (I) (this hospital) attempted that (I) (we) last sow the deceased aliverand haur and fram the causes stated ab 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Typo)	218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame)  229. While At   Not What was a constant of the state of the s	in or odout 21 C. WHERE DID office bidg., INJURY OCCUR  21F. HOW DID  iile  iile  iile  iile  iiile  iile  iiile  iile  ii	No) 20B. IF YES, WER IN CERTIFYING (  (If in Boltim  INJURY OCCUR?  that in(my) (our) a ch.  Staff Phys.	pinion death occurred an the
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21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)  21 D. TIME (Month) (Doy) (Yoar) (Houself Indicated and Control of Injury (APPROX.)  22. I certify that (I) (this hospital) attentiated that (I) (we) last sow the deceased alived and haur and fram the causes stated ab 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Typo)  24A. BURIAL CREMATION, REMOVAL (Spacify)  24B. DATE	218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, straet, atc.)  229. Atc. Name of CEMETERY atc.  220. Atc. Name of CEMETERY atc.  240. Name of CEMETERY atc.  241. Auburn Name of CEMETERY atc.  242. Name of CEMETERY atc.  242. Name of CEMETERY atc.  243. Auburn Name of CEMETERY atc.  244. Auburn Name of CEMETERY atc.  244. Auburn Name of CEMETERY atc.  244. Auburn Name of CEMETERY atc.  245. Name of CEMETERY atc.  246. Name of CEMETERY atc.  246. Name of CEMETERY atc.  247. Name of CEMETERY atc.  247. Name of CEMETERY atc.  248. Auburn Name of CEMETERY atc.  247. Name of CEMETERY atc.  248. Auburn Name of CEMETERY atc.  248. Auburn Name of CEMETERY atc.  249. Auburn Name of CEMETERY atc.  249. Auburn Name of CEMETERY atc.  240. Name	in or ofout 21 C. WHERE DID office bidg., INJURY OCCUR  21 F. HOW DID  iile  21 F. HOW DID  iile  A constant of the body ofter deat  ttanding Med. Director  22 D. ADDRESS  REMATORY  24 D	No) 20B. IF YES, WER IN CERTIFYING CO	pinion death occurred an the o
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)  21D. TIME (Month) (Doy) (Your) (House of INJURY (APPROX.)  22. I certify that (I) (this hospital) attent (I) (we) last sow the deceased alive and haur and fram the causes stated ab 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Typo)  24A. BURIAL CREMATION, REMOVAL (Spacify)  24B. DATE	218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  218. PLACE OF INJURY (a.g., hame, form, foctory, street, atc.)  229. And All Manual Act. (a.g., hame, foctory, foctory, form, foctory, form, foctory, street, atc.)  229. And All Manual Act. (a.g., hame, foctory, foctory, form, foctory, form, foctory, foctory, form, foctor	in or ofout 21 C. WHERE DID office bidg., INJURY OCCUR  21 F. HOW DID  illo  21 F. HOW DID  illo  A med. Diractor  23 D. ADDRESS  REMATORY  24D	No) 20B. IF YES, WER IN CERTIFYING CO	pinion deoth occurred an the company of town, or county)  (City, town, or county)  (State

Euras 1-5-57 to Tales a Com Comes The Miller of Miller o

23C. NAME of CEMETERY OF CREMATORY

Oct. 20, 1967 Loudon National Cem.

24B. NAME OF REGISTRAR

23 D. LOCATION

i

24C. FUNERAL DIRECTOR

Balto. Md.

(Stote)

(City, town, or county)

21,229

G.Truman Schwab 3512 Frederick Ave. Balto. Md.

ADDRESS

23A. BURIAL CREMATION.

24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

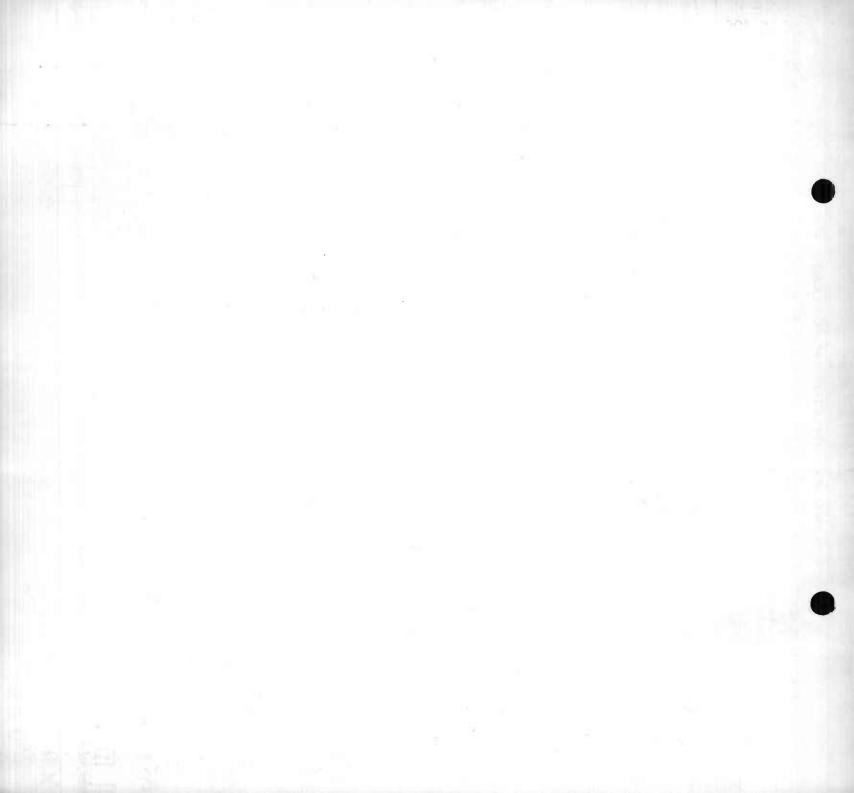
23B. DATE

J.S. Japan Toward I . . Company of the compan THE PERSON . I the last the bull of the same of the s

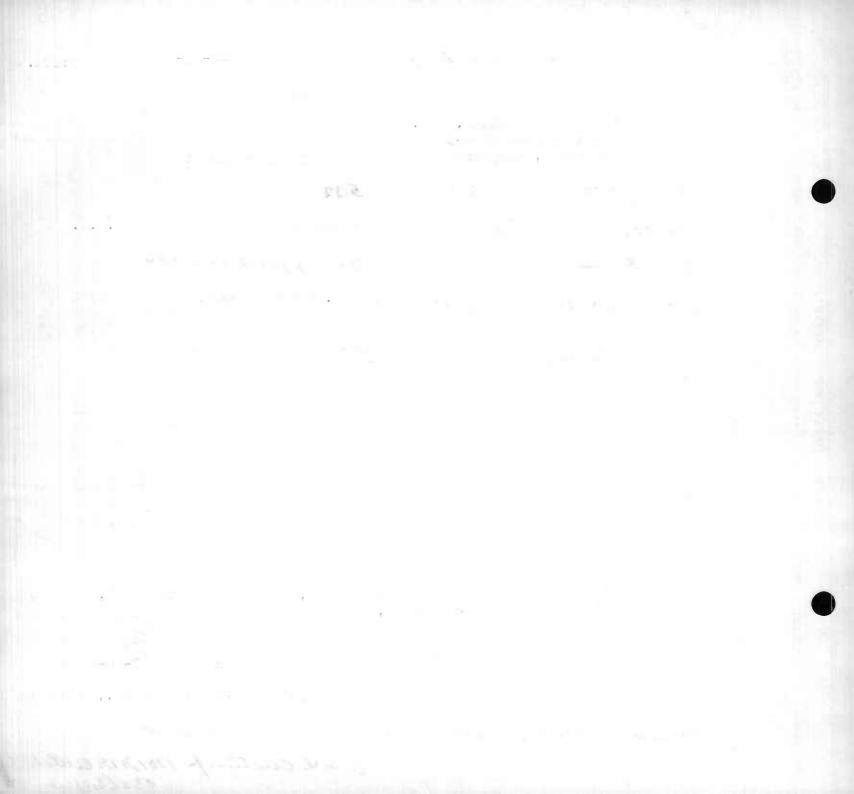
IMPORTANI DIRECTOR: FUNERAL

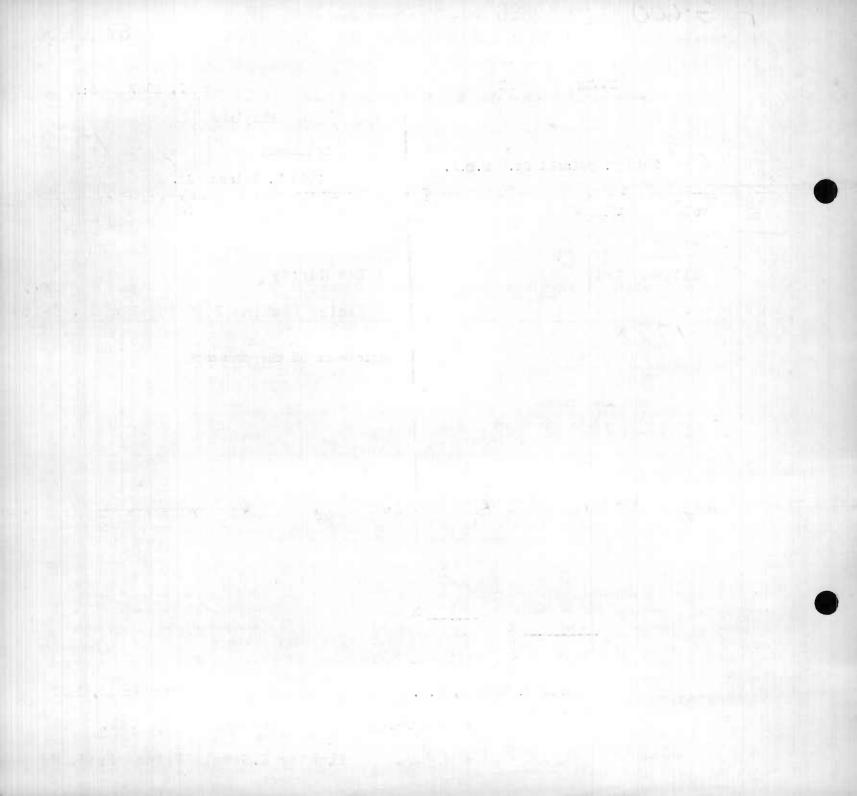
VS 150-REV. 1/1/65

:10 a.m. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence A. STAZE B. COUNTY If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours i Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Ilf in Boltimore City, give exact location) and that in (my) apinian death accurred an the date 23B DATE SIGNED



V	1-242	1000		HEALTH DEPARTMENT		67 10005
		1009	CERTIFICA	TE OF DEATH	Registered Na	. 67 10095
, NA	CASE NO.  AME OF DECEASED  or Print)  Albert	Vessell	s, &R.		ND HOUR OF DEATH	
. PL	ACE OF DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution; residence before admission
H	ULL NAME OF OSPITAL OR Oddress or locolic Provident 1514 Divi	Hospit sion St	cal, Inc.	Baltimore		RURAL ond give 10 waship)
	Baltimore	, Maryl	and 21217	1730 Divisio	n Street	
. SE	x 6.RACE	WIDOWED	NEVER MARRIED  D, DIVORCED (specily)  ried	8. DATE OF BIRTH  5/24/08	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hr Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of word during most of working life, even if retired)	k 10B, KIND OF	BUSINESS OR INDUSTRY	Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. F.	ATHERS NAME	9,00		14. MOTHER'S MAIDEN NA		ls
	(as Deceased Ever in U. S. Armed Fo		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
L	ver WIN TI		218-09-7507	Mrs. Mildred	Vessells	SAME
1	B. DISEASE OR CONDITION DELEADING TO DEATH		CAUSE O	ebro-Vascular	Accident	INTERVAL BETWEEN ONSET AND DEATH
NO.	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	slating the				
	9A. DATE OF OPERATION 198. COL		WHICH OPERATION	20A. AUTOPSY? (Yes or N	of 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
2 2	PIA. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. hom etc.	e, form, foctory, street, o	n or obout 21C. WHERE DID thice bidg., this is the state of the state	(If in Boltimo	ore City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) DF INJURY APPROX.)		ite At Not While		JURY OCCUR?	
1	22. I certify that (I) (this hospital hat (I) (we) last saw the deceas	ed alive an	October 19,	19 67 and t		ober 19, 19 67
	and haur and from the causes sta 3A. SIGNATURE	ited abave. (I	(me) (did) (did not) v	view the bady after death.		23B, DATE SIGNED
	Remin I.	f. Surals		ending Med.	Stolf Phys.	10-20-67
2	CIC. PHYSICIANS NAME (Tybe)  GREGORIO S,	TENOCE	Phy M.D.	23D. ADDRESS 1514 Division	*-	Balto., Marylan
4A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specily)  10/25		ame of CEMETERY of CR		ralto. K	City, town, or county) (State)
5A.	OCT 23 1967 Role	258. NAME &	DECEMBER	25C. FUNERAL DIRECTO		701m= Cullots
S 1	50-REV. 1/1/65					Partition 1116





VS 150-REV. 1/1/65



BIRTH NO.	-616 6	7 1009	BALTIMORE CIT	ATE OF DEATH	Registered No	67 10098
M.E. CASE NO	DECEASED	^		2. DATE	AND HOUR OF DEAT	н
2 PLACE OF	DEATH IN BALTIMORE MA				10 120 167	1 8.12 A.N
3. PLACE OF	DEATH IN BALTIMORE, MA	ARTLAND		A. STATE B. CO	Vhere* deceased lived. If OUNTY	institution: residence before admission)
FULL NAM HOSPITAL	OR oddress or tocotic	or institution,	give sheet	Pennsylva	nia outside city limits, write	e RURAL and give township)
3THE 3	JOHNS HOPKINS			York D. STREET ADDRESS	(If rural, give location)	V-35
	IMORE, MARY			469 W. Ki		
S. SEX	6. RACE W.	WIDOWE	NEVER MARRIED D. DIVORCED (specify) DOWN	10-15-93	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	st of working life, even if retired)	k 10B, KIND OF	BUSINESS OR INDUSTR	York, Pa.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS	NAME	1		14. MOTHER'S MAIDEN	NAME	
	liam Lauer				Bentzel	
res, no or unkn	own) (It yes, give wor or dot	rces? es of service)	SECURITY NO.	17. INFORMANT	- 1515	ADDRESS
В	Nó		None	Charles I.	Janis 1515	East Philadelphia
IB. DIS	EASE OR CONDITION DI	RECTLY		Melastatie Te	unor (L) Cerel	INTERVAL BETWEEN ONSET AND DEATH
UNDERLY	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) (ING CONDITION last).	ony, giving stating the				
U 10A DATE	OF OPERATION 198. CON	IT.	WHICH OPERATION :	20A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
00- 1 0 21A. ACC	9, 1967 1	FORMED T	won (4) Cerebel	Yes Yes	IN CERTIFYING C	AUSES OF DEATH?
_ OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF	218. hom	PLACE OF INJURY (e.g., e., form, foctory, street,	in or obout 21 C. WHERE DIC office bldg., INJURY OCCUR	(If in Boltime	ore City, give exact location)
21D. TIME OF INJUR (APPROX.)	Y		INJURY OCCURRED  ile At Not Wh	ile 🖂	INJURY OCCUR?	
	tify that (I) (this haspite			0ch 14 a	19 67 to 0	of 19 67.
ond hour	ond from the couses sto	ted obove. (I	) ( <del>We)</del> (did) (d <del>id not)</del>	view the body ofter deot	th.	
23A. SIGN	ATURE ( )				1000	23B. DATE SIGNED
-	Cohu	shau.		ys. Med. Director	Stoff Phys.	Oct 20, 1967.
23C.PHYSI NAM	CHAPI	BHU	SHAN MAHZ	23D. ADDRESS The	John Hope	cuis Anfrital
	CREMATION, 24B. DATE AL (Specify) 10/23/	67	AME of CEMETERY of C			City, town, or county) (Stote)
ZSA. DATÉ RE	C'D BY HEALTH DEPT.	25B. NAME C	enmount Cemet	25C. FUNERAL DIRECT	York, Pa.	ADDRESS
						lto. Md. 21202
C 160 BELL 1	13.11.5					

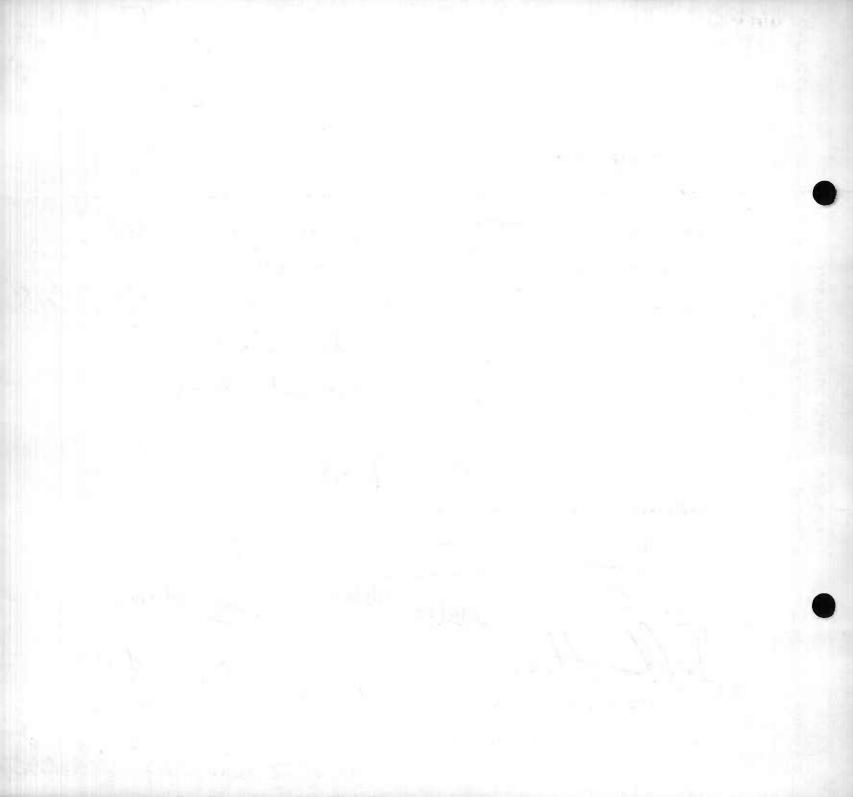
LIA TORK AND DESIRED BY LAND TO HER PARLEMENT MARKENS TISES

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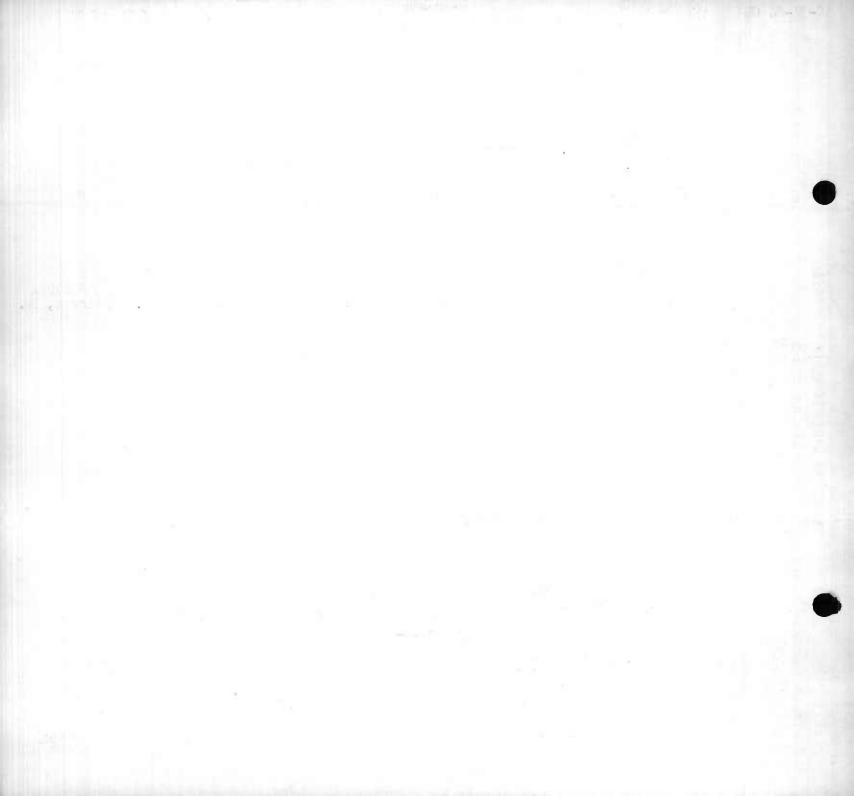


VS 150-REV. 1/1/65

BURIAL COLLEGE ME COLLEGE COLLEGE

3-4 & Total Roman Call

VS 150-REV. 1/1/65



67 10102

occurred

DIRECTOR:

VS 150-REV. 1/1/65

**BALTIMORE CITY HEALTH DEPARTMENT** 

Registered No.

If Under 24 Hrs.

BIRTH NO.

M.E. CASE NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

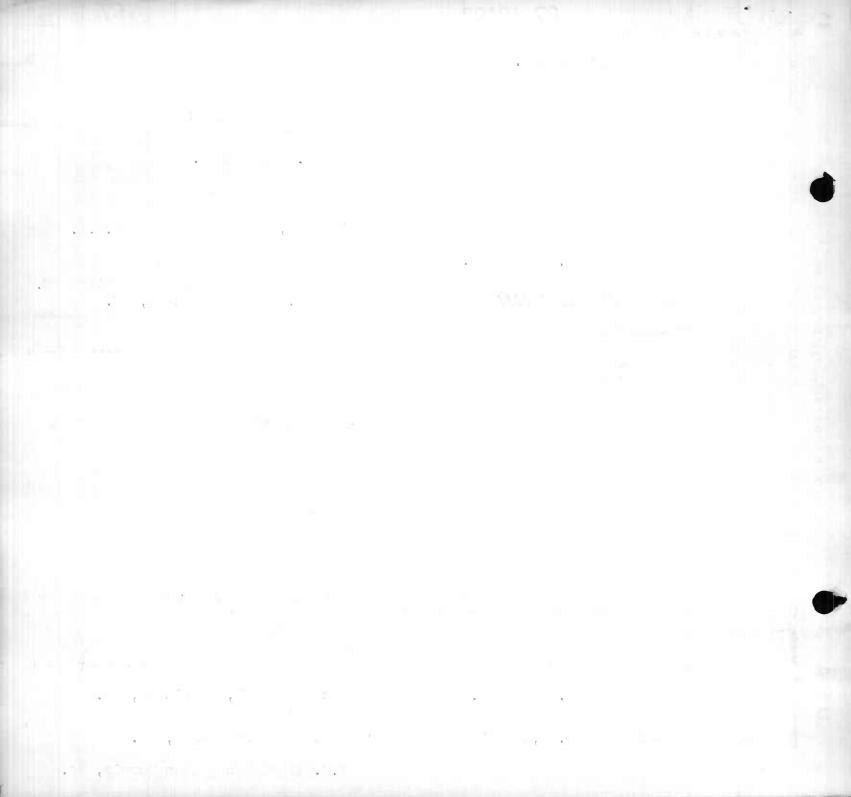
R.V. Singleton

Glen Burnie, Md.

Registered No.

If Under 24 Hrs.

Hours



IMPORTANT

FUNERAL DIRECTOR:

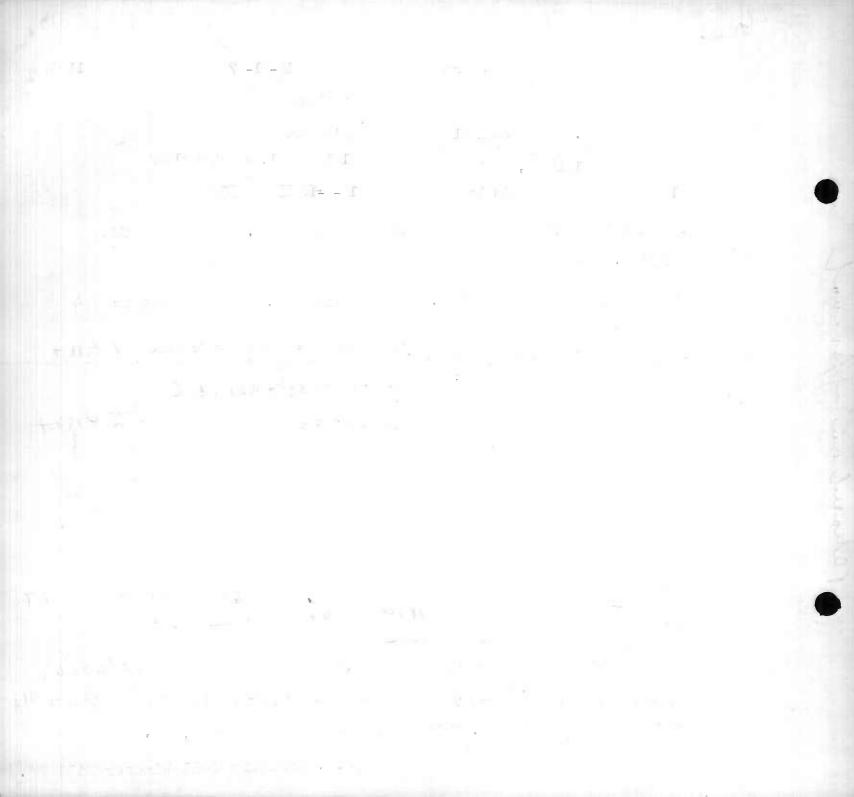
BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT

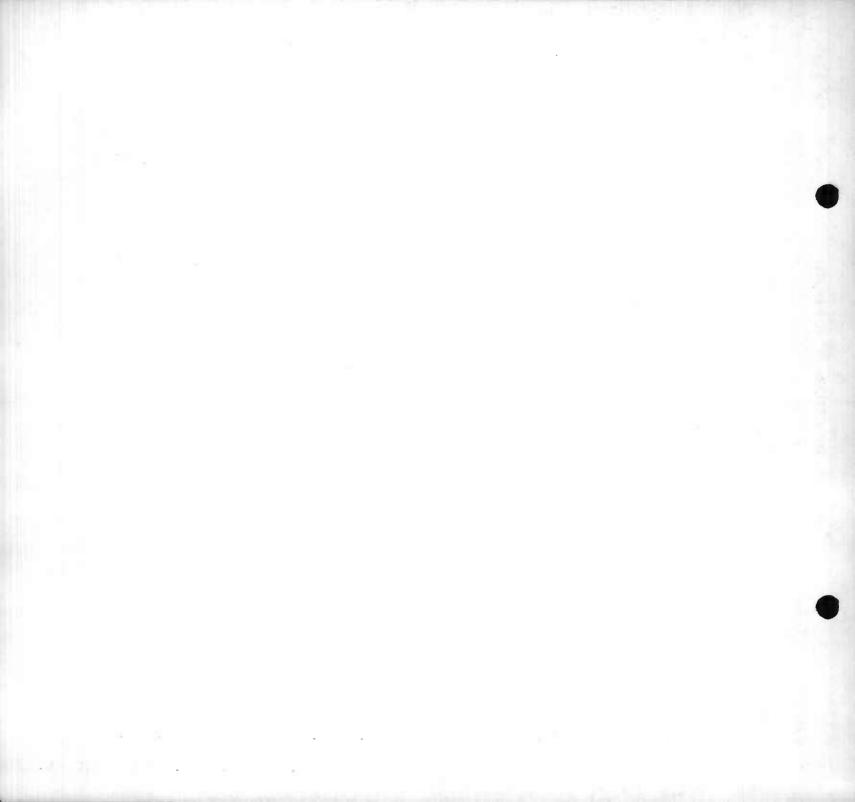


## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10106

BIRTI	I NO.	MEL	ICAL E	AMIIYEK 3 CI	CKTIFICA	IE OF L	CA I LI Kegisi	ered No	
M.E.	CASE NO.								
	AME OF DEC	EASED				2. DATE AND	HOUR PRONOUN	CED DEAD	
. , ,	HOWAI	RD -	T. P.	BOY	D	Oct	ober 22, 1	967	2:45 A. M.
CHOS	ERTI	THE NOT IN HOSPI	A AM	ENDED 10-25-67	Maryla	nd	deceased lived. If in B. CC	DUNIT	ence before admission) d give township)
INST	ITUTION			20-27-01	Baltim	ore		-	26-01
	4313	Hamilton Ave	nue		D. STREET ADD		give location)		
	00				4313	Hamilto:	n Avenue	21200	6
5. SE		6. RACE	WIDO WED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT		9. AGE (In yours lost birthdoy)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
	Male USUAL OCCI	White	Mar	ried F Business or Industry	2-21-190	(State or foreign		12. CITIZE	N OF
		vorking lite, even if retired)			0.00			WHA	T COUNTRY?
12 E	Special ATHER'S NAM	Police	Genera	l Service Adm.	Perry	rille. N	id.		U.S.A.
13. F.	WILLER 2 HAN				14.70101111283 701				
***		Walter P. B	yd			Ca	arrie Wilso		
		D EVER IN U.S. ARME		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	Yes	W W 11		219-16-9462	Madelin 1	Boyd 431	3 "amiltor	Avenue	e 21206
1	В.	3-1-		CAUSE	OF DEATH				INTERVAL BETWEEN
CERTIFICATION	RISE TO TH UNDERLYIN OTHER SIG	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAST  II NIFICANT CONDITION DEATH BUT NOT R	STATING THE						
H		R CONDITION CAUSIN		WHICH OFFICE	TOO A AUTOROV	2 /V N -\	DOD IF YES WERE	CINIDINGS C	ONSIDERED
	9A. DATE OF		RFORMED	WHICH OPERATION	N		208. IF YES, WERE IN CERTIFYING CA		
EDIC	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (o.g., e, form, foctory, street, c	in or obout 21C. V	WHERE DID (	If in Boltimore City,	give exact lo	cotion)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye		WHILE AT NOT AT W	WHILE	OW DID INJU	IRY OCCUR?		
		tify that I held an	-	Inspection X Aut	e Hamici	ide U	Jndetermined man		DATE SIGNED
	SIGNAT EXAMIN NAME (	URE Werne	r U. Spi	tz, M.D.	ASSISTANT M			10/	22/67
	BURIAL CRE	MATION, 23B DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (Ci	ty, town, or c	county) (Stoto)
	DATE RECT		-1967	Baltimore Nat		AL DIRECTOR	altimore	Co.	Md.
Z4A	. DATE RECED	DCT 2 4 1967	P. O. A	2 Farleyna	Lass	almi	Francial )	tome "	140/Belan
VS	151-REV. 1/1/	65		A 19 10 -1		/3 63			

v.s. 153 10-25-67 M.H.

BIR	TH NO. 67 1	OLON	TE OF DEATH Registered No.	67 10107
1.1	E CASE NO.  NAME OF DECEASED MARTIA	BOTHS	2. DATE AND HOUR OF DEATH	67   2:50 A.M.
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location) INSTITUTION	ution, give street	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY  MD.  C. CITY OR TOWN (If outside city limits, write R  RATIMORS	10 10
	FRANKLIN SQUAR	E 17058.	D. STREET ADDRESS (If rurol, give locotion) (329 W. LOMB	ARD ST.
5. 9		RRIED, HEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 10 /12/12 9. AGE (In years lost birthday) 5	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min,
	A. USUAL OCCUPATION (Give kind of work) 10B, KI the during most of working life, even if retired) HOUSE WIFE	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (Stote or foreign country)  NEW YORK	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME  DWANS  S	LOCUM	14. MOTHER'S MAIDEN NAME MARTHA	
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of se	(vice) 16. SOCIAL SECURITY NO.	17. INFORMANT HOSPITOL CHI	ADDRESS ORT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, heart foilure, asthenia, etc. it means the di injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above couse (A) stoling UNDERLYING CONDITION last.	(B)	who vorcula acusant al Branchopniemon a frew selevosis	INTERVAL BETWEEN ONSET AND DEATH  + 5 days
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING O THE Upper G	1. 1. Bleeding - When	? + 3 day
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMEN	FOR WHICH ONERATION	20A. AUTOPSY (Ve) or No 20B. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED SEES OF DEATH?
CALCE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21C. WHERE DID (If in Boltimore fice bldg., INJURY OCCUR?	City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour (APPROX.)	21E. INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID INJURY OCCUR?	/22
	22. I certify that (!) (this hospital) atter that (!) (we) last saw the deceased aliv and haur and from the causes stated abo	on 10/22	1967 and that in (my) (aur) apir	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
	23A. SIGNATURE	electer M.D. Atte	ending Med. Stoff s. Director Phys.	10/L2/67
	23C. PHYSICIAM'S NAME (Type)	M.D.	Fonklin Son 18	rogerfiel
	Burial 10/24/67	Glen Haven Me	m. Pk. Glen Burnie	
L	150-REV. 1/1/65	Jub E. Falky MA	JOHN F. DENNY, INC.	715 Light St.



ype or Print)	PECEASED	Joseph	Stanley Aniki		and hour of death	1	8:50 A.M
FULL NAMI HOSPITAL C	OR oddress or location	RYLAND or institution,		4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If i JNTY		ence before odmissi
00	4822 Palme	r Ave.			If rural, give location)		27-1
. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1	Yr. If Under 24 H
	Cau. CCUPATION (Give kind of work of working life, even if retired)		arried  Business or industry	Aug. 21, 1903	oreign country)	12. CITIZEN WHAT	OF COUNTRY?
Sal	Lesman	Life	Insurance	Chicago, II			
. Was Decea	John Anik		1 6. SOCIAL	Elizab	eth Makaras	AD	DRESS
	own)(If yes, give war ar date		SECURITY NO. 214-03-1286 CAUSE O	Mrs. Rose Ani	kis, 4822 Pa		
		1 1	The state of the s		****************************		
DISEASES	s not mean the mode of re, asthenio, etc. It means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) ING CONDITION lost.	the disease, death.)	DUE TO  (B)  DUE TO	sono sono			
DISEASES rise to UNDERLYI  OTHER SIG	re, asthenio, etc. It means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) ING CONDITION lost.	The disease, death,)  any, giving sloting the CONTRIBUTING TO THE T.  DITION FOR Y	(B) DUE TO (C)	Nor	No) 208, IF YES, WERE	FINDINGS CO	N SI DERED
DISEASES  nise to  UNDERLY  OTHER SIGN  TO THE  DISEASE (1)  19A. DATE	re, asthenio, etc. Il meons complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) ING CONDITION lost.	The disease, death.)  any, giving stating the CONTRIBUTION TO THE TO THE TOTAL TO THE TENT TO THE TE	(B)	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DEA DIE City, give ex	TH?
DISEASES rise to UNDERLY  OTHER SIGN TO THE DISEASE CO 19A. DATE OR CONTR	re, asthenio, etc. II means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) ING CONDITION lost.	The disease, death,)  any, giving sloting the CONTRIBUTING TO THE T.  DITION FOR MED  21B, hometc.  (Hour) 21E, Whi	(B) DUE TO  (C)  G E WHICH OPERATION  PLACE OF INJURY (e.g., in the, form, foctory, street, of the injury of the i	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID fifice bldg., indury occur?	No) 20B. IF YES, WERE IN CERTIFYING CA	AUSES OF DEA	TH?
DISEASES  DISEAS	re, asthenio, etc. Il means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) ING CONDITION lost.	the disease, death.)  any, giving sloting the state of th	(B) DUE TO  (C)	20A. AUTOPSY? (Yes or 700 m or obout 21C. WHERE DID III) (Fine bidg., INJURY OCCUR? 21F. HOW DID II) (1997) and onder the body ofter deother dending Med.	No) 20B, IF YES, WERE IN CERTIFYING C.  (If in Boltimo	AUSES OF DEA	oct locotion)
DISEASES  DISEAS	ANTECEDENT CAUSES  OR CONDITIONS, if the obove cause (A) ING CONDITIONS OF CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING I OF OPERATION 198. CONWAS PERIOR (Month) (Day) (Year)  Ify that (I) (this hospital re) lost sow the decease and from the causes statements.	the disease, death.)  any, giving sloting the CONTRIBUTING TO THE T.  DITION FOR MED  (Hour) 21E, Who wo of the dolive on the dolive on the death.	(B) DUE TO  (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., ir et, of of of other of other of other of other of other of other other of other ot	20A. AUTOPSY? (Yes or 700 m or obout 21C. WHERE DID III) (Fine bidg., INJURY OCCUR? 21F. HOW DID II) (1997) and onder the body ofter deother dending Med.	No) 20B, IF YES, WERE IN CERTIFYING CA	AUSES OF DEA	oct locotion)

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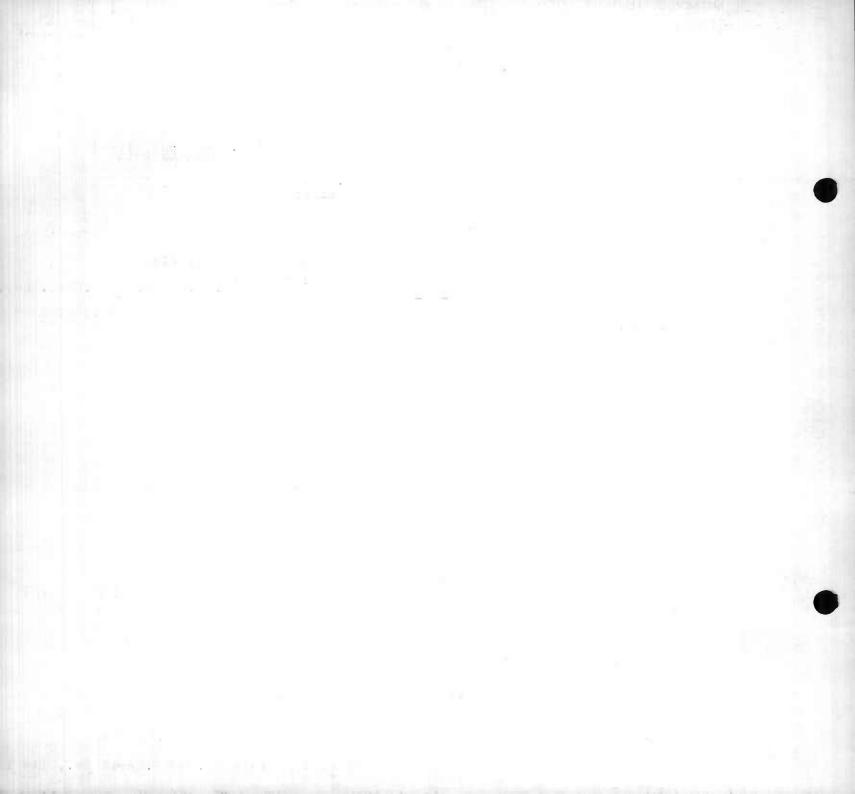
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DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

Hours



VS 150-REV. 1/1/65

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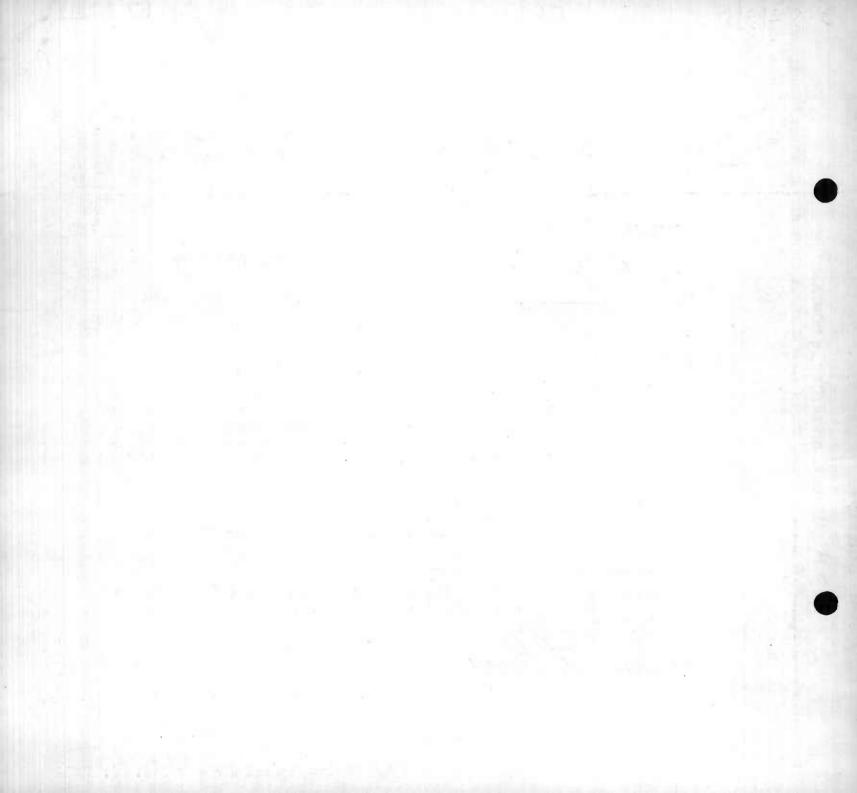
	C'7 4 04	140	TY HEALTH DEPARTMENT	V	67 10110
BIRTH NO. M.E. CASE NO.	67 1.01	CERTIFIC.	ATE OF DEATH	Registered I	No.
I. NAME OF DECEASED			2. DATE	AND HOUR OF DEA	ATH O 0.5
(Type or Print) ROBERT	- RO9	LOWE		0/20/6	7 1 9:25%
3. PLACE OF DEATH IN BALTIMO	RE MARYLAND		4. USUAL RESIDENCE (W. A. STATE B. COL		If institution: residence before admissi-
FULL NAME OF (If not in I	hospital or institution	a divin shoot	M.D.		But A
HOSPITAL OR oddress or	tocotion)	n, give sireer	C. CITY OR TOWN (IF	outside city limits, w	rite RURAL and give township)
6			134170		53-00
trainer of	1111	1	D. STREET ADDRESS	If rurol, give location	)
HANKLIN SE	MART	HOSP.	12 long	u was	1_
SEX 6. RACE	WIDQW	ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH (	9. AGE (In year)	If Under 1 Yr. If Under 24 H Months Doys Hours Min,
6A. USUAL OCCUPATION (Give kin	d of work 108. KIND		RY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
one during most of working tite, even if	retired)	1	TIX111		WHAT COUNTRY?
3. FATHER'S NAME			14, MOTHERS MAIDEN N	AAAE	100 M
2 4	1 4 1 7		A-10	· A	PPENCEL
JOHN C. I			ELIZABE.	H A	PPERSON
5. Was Deceased Ever in U. S. An es,no or unknown) (If yes, give wor	med Forces?	1 6. SOCIAL SECURITY NO.	17, INFORMANT		ADDRESS
ARMI	1	41105806	2 Reents		
1B. / /		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	ON DIRECTLY		· · · · · ·		ONSET AND DEATH
LEADING TO		F	CUTE 140C	GRPIAL IN	TAPET
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heart foilure, osthenia, etc. It injury or complication which		50,	0		
		101	ATHEROSCU	GROSIS	
ANTECEDENT C		DUE TO			
DISEASES OR CONDITION					104
UNDERLYING CONDITION I		he (CI			······································
Z					0.0125
TO THE DEATH BUT NO DISEASE OR CONDITION CAL		THE			
19A. DATE OF OPERATION 19	B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or	Not 208. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
19 A. DATE OF OPERATION 19 W	AS PERFORMED		UFS	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERL	YING 2	21 B. PLACE OF INJURY (e.g.	in or obou 21C. WHERE DID	(If in Bolti	more City, give exact location!
OR CONTRIBUTING CAUSE		home, form, factory, street,	office bldg., INJURY OCCUR?		
		N.C. INCHES OF CHIRDS	215 110111 212 11		
OF INJURY (Month) (Doy)		RIE INJURY OCCURRED	21F. HOW DID II	AJURY OCCUR?	
(APPROXI		While AI Not W			
22. I certify that (1) (this he	aspital) attended	d the deceased from	10/20	1967 to	10/20 196
		10 /11	2 10 (2)		
that (I) (we) last saw the d					apinion death accurred an the
and have and fram the caus	es stated abave.	. (I) (Me) (dld) (did nat)	view the bady after death	١.	
23A. SIGNATURE					23 B. DATE SIGNED
Hich Tes	liain	M.D. A	hys. Med. Director	Sloff Phy s.	
23 CAPHYSICIAN'S	00077		23D. ADDRESS	,	
NAME (Typel	1 +-	AA I	tonich	111. 00	1.1
MECTOR !	- FELL	CANO M.	10411010	10 28	IN
REMOVAL (Specify)	ATE 24C.	NAME & CEMETERY OF C	REMATORY 24D.	LOCATION	(City town as as at 1) (Carty
000000000000000000000000000000000000000	0//				(City, lown, or county) (State
REMOVAL	2/22/67 6		100	A FOU FOR	
SA, DATE REC'D BY HEALTH DEP	7/22/67 G	BAKERS FOR	70	A FOULET	
	7/22/67 6 T. 25B, NAMI 1967 (7)	BAKERS FOR	SE CEM L	O R	TE TENN ADDRESS

SONS

27:47 PERSKUM SENGRE HOOP 72 Tengent leavy 1994 34210 MOR ENZABETH APPERSON persy sincipal person FRANKLING SE, H. MEGTER I FELLERING

IMPORTANT

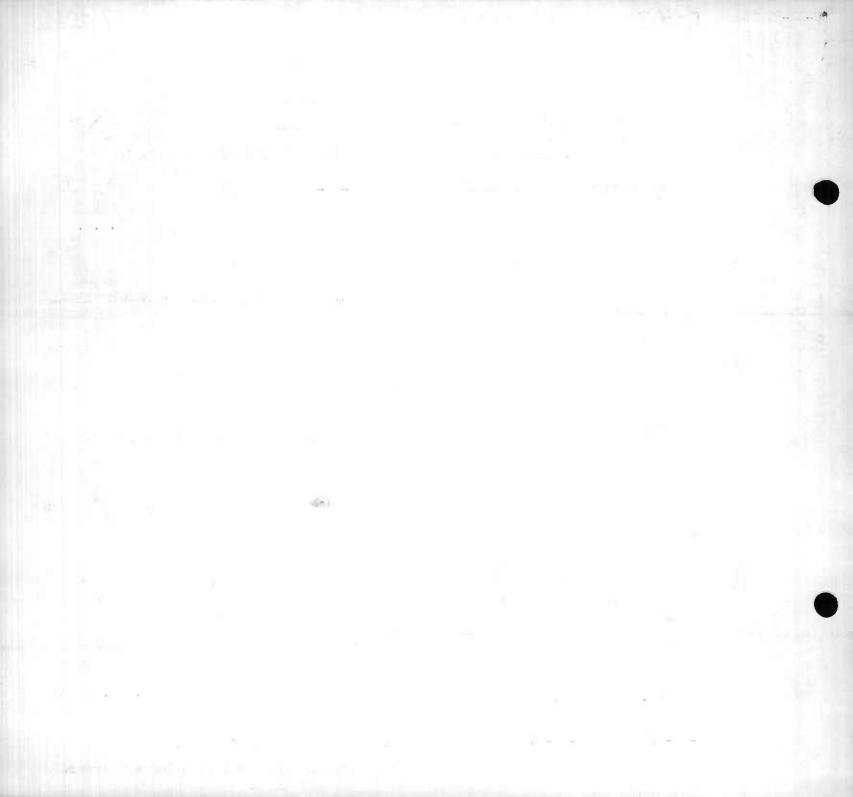
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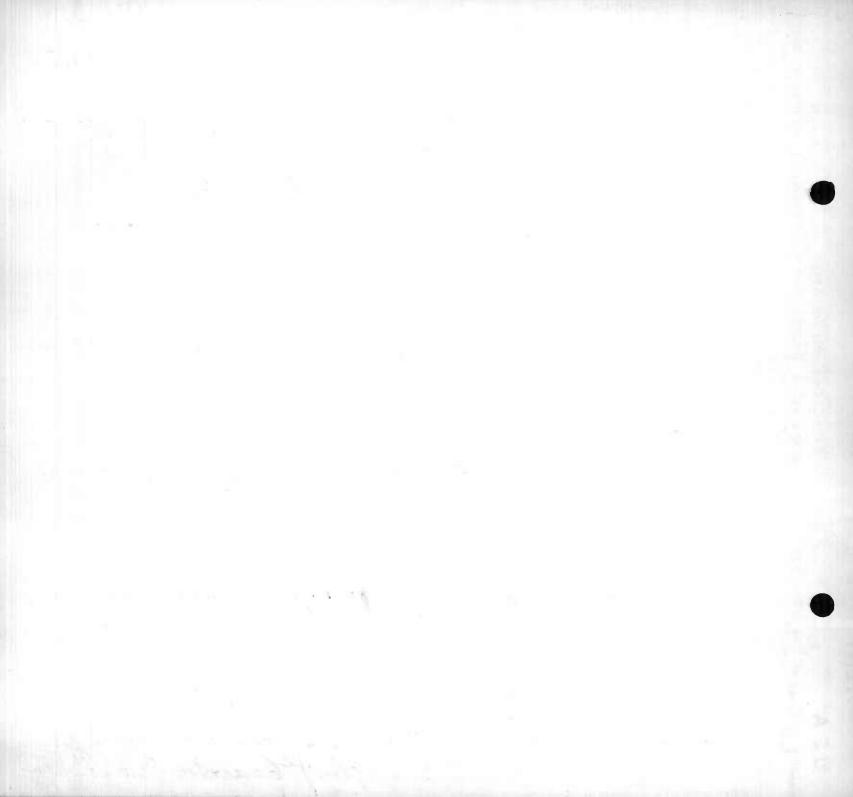
VDE OF DEC	EASED		2, DATE AN		TH
L	SLAUB, Frank				1967   7:00 A
PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	A. STATE B. COUN	TY	f institution: residence before admiss
FULL NAME O		or institution, give street	MARYLAND BA	LTIMORE (	CITY
HOSPITAL OR	oddiess of locotio	INISTRATION HOSPITAL			te RURAL and give township)
		VEN BOULEVARD	BALTIMORE D. STREET ADDRESS (If r	21211 urol, give location)	100
	BALTIMORE, M			H STREET	
SEX	6. RACE CAUCASION	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) DIVORCED	B. DATE OF BIRTH	P. AGE (In yours ost birthdoy)	If Under 1 Yr. If Under 24 Months Ooys Hours Mir
A. USUAL OCCL	JPATION (Give kind of wor	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foroig	gn country)	12. CITIZEN OF WHAT COUNTRY?
ABORER	working lite, even if retired)	RUBBER INDUSTRY	ST JOSEPH, MI	SSOURT	U. S. A.
FATHER'S NAN	A E	Itobbett Indobite	14. MOTHER'S MAIDEN NAM		0. 5. 11.
LBERT I	SLAUB			ENHETMER	
. Was Decoased	Ever in U. S. Armed Fo		17. INFORMANT V. A. H	OS PITAL RI	ECORDS ADDRESS
ÆS	4-12-16 TO				BALTO., MD. 21218
18. / 🦳	4-12-10 10	CAUSE O		ו פעיושו אוב	INTERVAL BETWEEN
40	E OR CONDITION DI				ONSET AND OFATH
(This does n heart failure, injury or com	LEADING TO DEATH of mean the mode of asthenio, etc. It means polication which coused ANTECEDENT CAUSES	d dying, e.g., s the diseose, d death.)  (B) DUE TO	ONARY THROMEOSIS		2 Days
(This does n heart failure, injury or com  DISEASES Office to the UNDERLYING	LEADING TO DEATH of mean the mode of asthenio, etc. It means plication which couses ANTECEDENT CAUSES R CONDITIONS, if above cause (A) 6 CONDITION last.	d dying, e.g., she disease, d death.)  S (B) DUE TO  any, giving stoling the (C)	ONARY THROMBOSIS		2 Days
(This does n heart failure, injury or com  DISEASES Offise to the UNDERLYING	LEADING TO DEATH of mean the mode of asthenio, etc. It means uplication which couses ANTECEDENT CAUSES OF CONDITIONS, if above cause (A) OF CONDITION last.  FICANT CONDITIONS EATH BUT NOT REL	d dying, e.g., she disease, d death.)  S (B)  DUE TO	ONARY THROMBOSIS		2 Days
(This does n heart failure, injury or com  DISEASES Orise to the UNDERLYING  OTHER SIGNI TO THE DI OISEASE OR	LEADING TO DEATH of mean the mode of asthenio, etc. It means plication which couses ANTECEDENT CAUSES OF CONDITIONS, if above cause (A) CONDITION last.	d dying, e.g., she disease, d death.)  S (B)  DUE TO	ONARY THROMBOSIS  20 A. AUTOPSY? (Yes or No)  NO	208. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CITHIS does in heart failure, injury or come of the UNDERLYING OTHER SIGNITO OTHER DO CISEASE OR 19A. DATE OF CONTRIBUTE OF CONT	LEADING TO DEATH of mean the mode of asthenio, etc. It means plication which couses ANTECEDENT CAUSES OF CONDITIONS, if above cause (A) CONDITION last.	d dying, e.g., she disease, d death.)  S (B) DUE TO  any, giving stoling the (C)  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY? (Yes or No)  NO n or obout 21 C. WHERE DID	208. IF YES, WER	RE FINDINGS CONSIDERED
CThis does no heart failure, injury or com  DISEASES Of the Industry of the UNDERLYING  OTHER SIGNITO THE DIOISEASE OR 19A. DATE OF OR CONTRIBUTED OF CONTRI	LEADING TO DEATH of mean the mode of asthenio, etc. It means plication which couses ANTECEDENT CAUSES OF CONDITIONS, if above cause (A) CONDITION last.	d dying, e.g., s the diseose, d death.)  S (B) DUE TO  any, giving stoling the (C)  CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION  PROPRIED  21B. PLACE OF INJURY (o.g., i home, form, foctory, street, o etc.)  (Hour) 21E. INJURY OCCURED While At   Not While	20 A. AUTOPSY? (Yes or No)  NO n or oboul 21 C. WHERE DID ffico bidg., NJURY OCCUR?	208. IF YES, WEF IN CERTIFYING (	RE FINDINGS CONSIDERED CAUSES OF DEATH?
(This does no heart failure, injury or community or contributed of injury (APPROX.)	LEADING TO DEATH of mean the mode of asthenio, etc. It means plication which couses ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) OCONDITION last.  FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION OPERATION TWAS UNDERLYING TIME CAUSE OF medicol oxaminor)  (Month) (Ooy) (Yoor)	d dying, e.g., s the diseose, d death.)  S (B) DUE TO  any, giving sloting the (C)  CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION  REFORMED  21B. PLACE OF INJURY (o.g., i home, form, foctory, street, o etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work	20 A. AUTOPSY? (Yes or No)  NO n or oboul 21 C. WHERE DID ffico bidg., NJURY OCCUR?  21 F. HOW DID INJU	208. IF YES, WER IN CERTIFYING ( (If in Bolting	RE FINDINGS CONSIDERED CAUSES OF DEATH? noro City, givo exact location)
(This does not heart failure, injury or community or community or community or community or community or community or control or con	LEADING TO DEATH of mean the mode of asthenio, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last.  FICANT CONDITIONS ( EATH BUT NOT REL CONDITION CAUSING OPERATION 19B. CON WAS PER AT WAS UNDERLYING TIME CAUSE OF medical oxaminor)  (Month) (Ooy) (Yoor)	d dying, e.g., she disease, d death.)  S (B) DUE TO  any, giving stoling the (C)  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (o.g., i home, form, foctory, streat, o etc.)  (Hour)  21E. INJURY OCCURRED While At Not While At Work  work  Not While At Not While At Work  work  Work  Not While At Work  Not Work  Not While At Work	20A. AUTOPSY? (Yes or No)  NO n or oboul 21C. WHERE DID ffice bidg.  21F. HOW DID INJU e  0 OCTOBER 1	208. IF YES, WEF IN CERTIFYING (  (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH? noro City, give exect location)  2 OCTOBER 19 67
(This does not heart failure, injury or community or contribution or contribution of injury (APPROX.)  22. I certify that (1) (we)	LEADING TO DEATH of mean the mode of asthenio, etc. It means uplication which couses antecedent Causes above cause (A) above cause (A) above cause (A) above cause (A) above cause above cause above cause above cause (A) above c	d dying, e.g., she disease, d death.)  S (B) DUE TO  any, giving stoling the (C)  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION  218. PLACE OF INJURY (o.g., i home, form, foctory, streat, o etc.)  (Hour) 21E. INJURY OCCURRED While At Not Whit Work  While At Not Whit Work  oil) ottended the deceased from 20 ed alive an 22 OCTOBER	20A. AUTOPSY? (Yes or No)  NO n or oboul 21C, WHERE DID ffice bidg, INJURY OCCUR?  21F. HOW DID INJU	208. IF YES, WEF IN CERTIFYING (  (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH? noro City, give exect location)  2 OCTOBER 19 67
(This does not heart failure, injury or community or contribution or contribution of injury (APPROX.)  22. I certify that (1) (we)	LEADING TO DEATH of mean the mode of asthenio, etc. It means uplication which couses antecedent Causes antecedent Causes antecedent Causes antecedent Causes antecedent Causes above cause (A)	d dying, e.g., she disease, d death.)  S (B) DUE TO  any, giving stoling the (C)  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (o.g., i home, form, foctory, streat, o etc.)  (Hour)  21E. INJURY OCCURRED While At Not While At Work  work  Not While At Not While At Work  work  Work  Not While At Work  Not Work  Not While At Work	20A. AUTOPSY? (Yes or No)  NO n or oboul 21C, WHERE DID ffice bidg, INJURY OCCUR?  21F. HOW DID INJU	208. IF YES, WEF IN CERTIFYING (  (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH? noro City, give exect location)  2 OCTOBER 19 67
(This does not heart failure, injury or community or contribute of injury (APPROX.)  22. I certify that (we) and hour and	LEADING TO DEATH of mean the mode of asthenio, etc. It means uplication which couses antecedent Causes antecedent Causes antecedent Causes antecedent Causes antecedent Causes above cause (A)	d dying, e.g., she disease, d death.)  S (B) DUE TO  any, giving stoling the (C)  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION REPORMED  218. PLACE OF INJURY (o.g., i home, form, foctory, streat, o etc.)  (Hour) 21E INJURY OCCURRED While AT Not Whit Work  Work AT Not White AT Not White AT Work  ATERIAL TO THE ITERIAL TO THE I	20 A. AUTOPSY? (Yes or No)  NO n or obout 21 C. WHERE DID ffice bidg 21 F. HOW DID INJU  OCTOBER 19 67 ond the view the body ofter deeth.	208. IF YES, WER IN CERTIFYING (  (If in Boltin  URY OCCUR?  9.67. to 2  of in (a) ACC (aur) o	RE FINDINGS CONSIDERED CAUSES OF DEATH?  noro City, give exect location)  2 OCTOBER 19 67  opinian death occurred on the
OTHER SIGNI TO THE DISEASE OR TISE IO THE DISEASE OR TO THE DISEAS	LEADING TO DEATH of mean the mode of asthenio, etc. It means application which couses antecedent Causes antecedent Causes antecedent Causes antecedent Causes antecedent Causes antecedent Causes above cause (A) above cause	d dying, e.g., she disease, d death.)  S (B) DUE TO  any, giving stoling the (C)  CONTRIBUTING ATED TO THE IT. NOTITION FOR WHICH OPERATION  21B. PLACE OF INJURY (o.g., i home, form, foctory, street, o etc.)  (Hour) 21E. INJURY OCCURRED While At Not While At Work  Work Not While At Work  at Ottended the deceased from 20  ed alive an 22 OCTOBER  orted obave. (M. (We) (did) (ANXXXX)	20 A. AUTOPSY? (Yes or No)  NO n or obout 21 C. WHERE DID ffice bidg 21 F. HOW DID INJU  2 OCTOBER	208. IF YES, WEF IN CERTIFYING (  (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?  noro City, give exect location)  2 OCTOBER 19 67  opinian death occurred on the
OTHER SIGNI TO THE DO OSEASE OR OR CONTRIBU DEATH (notify (APPROX.)  21D. TIME OF INJURY (APPROX.)	LEADING TO DEATH of mean the mode of asthenio, etc, it means application which couses antecedent Causes antecedent Causes antecedent Causes antecedent Causes antecedent Causes above cause (A) above cause (A	d dying, e.g., she disease, d death.)  S (B) DUE TO  any, giving stoling the (C)  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (o.g., i home, form, foctory, streat, o etc.)  (Hour) 21E. INJURY OCCURRED While At Not White Many Not Work At Work of the deceased from 20 etc.)  ed alive an 22 OCTOBER.  orted obave. (M) (We) (did) (AND ACTORS)	20 A. AUTOPSY? (Yes or No)  NO n or obout 21 C. WHERE DID ffice bidg 21 F. HOW DID INJU  OCTOBER 19 67 ond the view the body ofter deeth.	208. IF YES, WER IN CERTIFYING (  (If in Boltin  URY OCCUR?  9.67. to 2  of in (asat (aur) o	RE FINDINGS CONSIDERED CAUSES OF DEATH?  DOING City, give exect lecction)  2. OCTOBER 19 67. Depinion death occurred on the 238, DATE SIGNED 10/22/67
OTHER SIGNI TO THE DO OISEASE OR 19A. DATE OF OR CONTRIBU DEATH (notify (APPROX.)  21A. ACCIDED OR CONTRIBU DEATH (notify (APPROX.)  22. I certify that 12 (we) and hour and 23A. SIGNATU  23C. PHYSICIA NAME (To	LEADING TO DEATH of mean the mode of asthenio, etc. It means uplication which couses antecedent Causes antecedent Causes antecedent Causes antecedent Causes antecedent Causes antecedent Causes above cause (A) above cause (	d dying, e.g., she disease, d death.)  S (B) DUE TO  any, giving stoling the (C)  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (o.g., i home, form, foctory, streat, o etc.)  (Hour) 21E. INJURY OCCURRED While At Not White Many Not Work At Work of the deceased from 20 etc.)  ed alive an 22 OCTOBER.  orted obave. (M) (We) (did) (AND ACTORS)	20A. AUTOPSY? (Yes or No)  NO n or oboul 21C. WHERE DID ffice bidg  21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  21F. HOW DID INJU  A COLUMN TO COLUMN  A COLUMN TO COLUMN	208. IF YES, WER IN CERTIFYING (  (If in Boltin  URY OCCUR?  9 67 to 2  of in (NAC (aur) of the control of the	RE FINDINGS CONSIDERED CAUSES OF DEATH?  DOING City, give exect lecotion)  2 OCTOBER 19 67  Depinian death occurred on the  23B. DATE SIGNED  10/22/67

VS 150-REV. 1/1/65

F-11-3-	BALTIMORE CITY	HEALTH DEPARTMENT	T	OPY 1011
BIRTH NO. 432 67 10. M.E. CASE NO.	113 CERTIFICA	TE OF DEATH	Registered No	67 10113
1. NAME OF DECEASED	FIELDS	2. DATE	October	1967   5:15 A
3. PLACE OF DEATH IN BALTIMORE, MARYLANE FULL NAME OF (If not in hospital or instit		4. USUAL RESIDENCE		institution: residence before admission
INSTITUTION BALT IMORE CITY HO	SPITALS	BALTIMORE	f outside city limits, write	RURAL ond give township!
3 / 4940 EASTERN AVEN BALTIMORE, MARYLA		D. STREET ADDRESS 4822 HAMII	(If ture), give location) TON AVENUE	21206
	RRIED, NEVER MARRIED	5-15-16	9, AGE (In years lost bighdoy)	If Under 1 Yr. If Under 24 Hr Months Days Hours Min,
OA. USUAL OCCUPATION (Give kind of work 10B, KII done during most of working lile, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of IOWA	foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME RALPH DOUG	LAS	14. MOTHER'S MAIDEN HAZEI	LISK	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	BCH: RECORDS	4940 EASTER	N AVENUE 21224
18. DISEASE OF CONDITION DIRECTLY	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying,		GBETES N	IELLITUS	14 years
heart foilure, ostherno, etc. II means the disinjury or complication which caused death.)  ANTECEDENT CAUSES	sease,	REMIA		months
DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stoting	giving 2	MYXEDER	14	
UNDERLYING CONDITION IOSI.  OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.		umelsteil -	Wilson Ic	Jusepal
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	1 No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o elc.)	n or obout 21 C. WHERE DI	Q (If in Baltime	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour (APPROX.)	While At Not While Work At Work	le 🦳	INJURY OCCUR?	
22. I certify that (this haspital) atten				O OCTOBER 19 67
that (we) last saw the deceased alive				pinian death accurred an the da
and haur and from the causes stated abo 23A. SIGNATURE	ive. (I) (we) (did) (die not).	view the bady after dec	ith.	23B. DATE SIGNED
Michael p ph	choo M.D. AH	ending Med. Director	Stoff Phys.	20 October 19
23C. PHYSICIAN'S NAMER TYPE MICHAEL R. MC M	ILLIAM M.D.	23D. ADDRESS 4940 EAST	ERN AVENUE BA	ALTO. MD. 21224
	24C. NAME of CEMETERY of CR	EMATORY 241	D. LOCATION	City, town, or county) (Stote)
18x2xxxx8uria1 10-24-67 25a. Date REC'D BY HEALTH DEPT. 25B. N.	Gardens of Faitl	1 25C. FUNERAL DIREC	Baktimore ,	Md ADDRESS
OCT 24 1967 R.C	sub E. tarbuna	Walter Dab	rowski 1005	Dundalk Avenue
VS 150-REV. 1/1/65	0	1 0 1 3		



At alles Soften

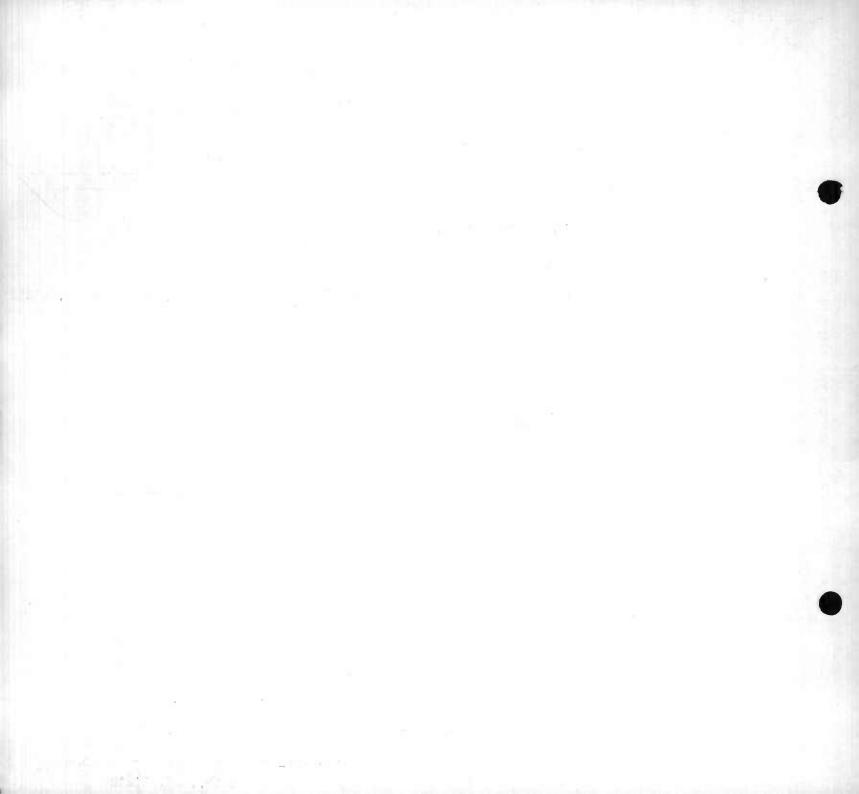


67 10116 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10116

M.E. CASE NO.	
I. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
ERNEST WINFIELD, MYERS	October 22, 1967 3:20 A.
B. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)  A. STATE  8. COUNTY
THE MALLS OF THE MOTING MOCDITAL OR INCTITUTION CIVE CTREET	Maryland Balto.
OSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
NSTITUTION	Baltimore Towson 33-00
Baltimore City Hospital (DOA)	D. STREET ADDRESS (If rurol, give location)
9 Barelmore orly mospicar (bon)	126 E. Chesapeake Avenue
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	120 E. Ciresapeare Avertue
WIDOWED, DIVORCED (specify)	Months, Doys, Hours, Min.
Male Negro SINGLE	2/10/01 28
OA. USUAL OCCUPATION (Give kind of work 108, WIND OF BUSINESS OR INDUSTRION during/most of working-tife, even if retired)	IY 11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY?
ChAuetfruk Wucking Final	red. U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ent of museum	Hermen turken
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(es, no or unknown) (If yes, give wor or dotes of sorvice) SECURITY NO.	1 vaisin
20 214.36-930	y Tannie Myers. 126 &. Chesopeake ane
18. = × 2 3. 4. CAUS	
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	inle Injuries
(This does not meon the mode of dying, e.g., heort foilure, ostherin, etc. If meons the disease, injury or complication which coused death.)	iple Injuries
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
(C)	
II CONTROL CON	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
DISEASE OR CONDITION CAUSING IT.	
198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	Yes Yes
✓ 21 A, EXTERNAL CAUSE WAS  UNDERLYING AOR CONTRIB-  21 B, PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) office bldg., INJURY OCCUR?
	Earls Road - Baltimore County 33-00
UTING CAUSE OF DEATH.  Street  21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	OLE HOW BID INVIERS OCCURS
OF INJURY	(Driver) failed to
(APPROX.) 10/22/67 2:45 A.m. WHILE AT NOT AT WORK	while negotiate sharp curve - struck a tree
22. I certify that I held an Inquiry Inspection Au	utapsy X and that on this basis, death in my apinlan
resulted fram: Natural causes Accident Suici	de Hamicide Undetermined manner
11001 1 ()	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUSICS 4 - 2 M.E	ACCICTANT VEGICAL EVALUATED V
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 10/22/67
NAME (Type)  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	10 4
Brunal 10/26/67 Eleasan	t Kest Touson Balto. Co. Vica
24A. DATE REC'D BY HEALTH DEPT 2/B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR, ADDRESS
	Wass. O. Chotwan - 170/M: Culloh S
OCT 24 1967 P. P. P. FA. D. B.	10/M. C. 1/10/min 11-2/0/11 1. Careen 5

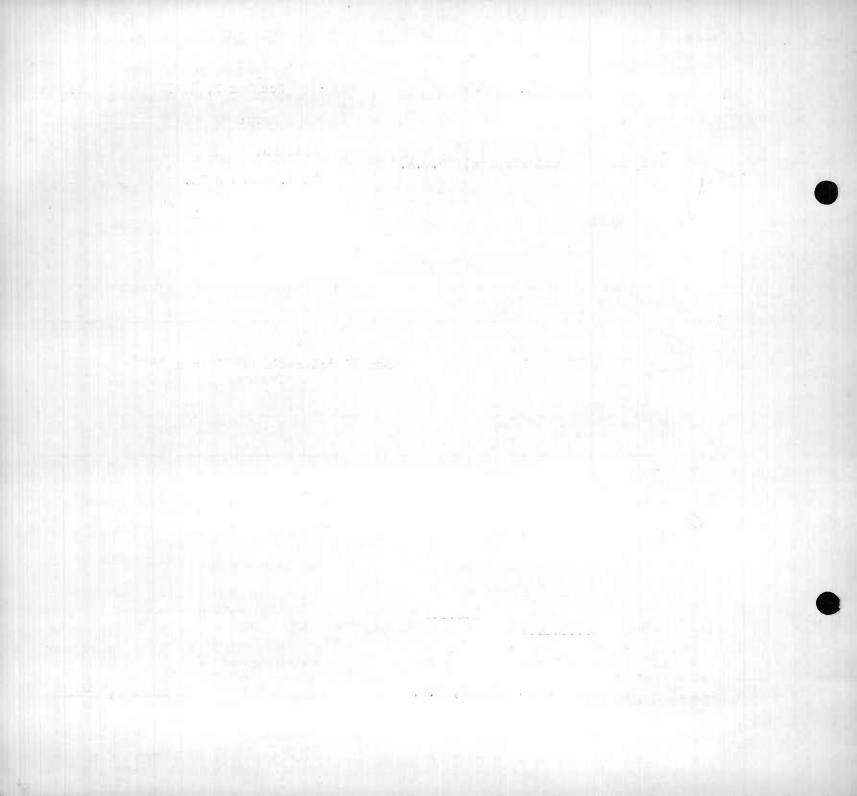
10/11/2 212425 -Brening 10 2 26/67 Missent Rest 70 com Shalter El. all to the time of the 20

		e to	HEALTH DEPARTMENT	./	COUNTY OF THE
BIE	RTH NO. 67 101	17 CERTIFICA	TE OF DEATH	Registered No.	67 10117
	E. CASE NO. NAME OF DECEASED	OEKTII TO/		D HOUR OF DEATH	
	pe of Pringobert E. Ke	11.		22-67	7:15 1
3.	PLACE OF DEATH IN BALTIMORE MARYLAND	129	4. USUAL RESIDENCE (Whe		metitutioni residence before admission)
3.	TEACE OF DEATH IN SACHWORK WAREARD		A. STATE , B. COUL	ITY	A A
	FULL NAME OF (If not in hospital or institu	tion, give street	Maryland		Belt Co.
	HOSPITAL OR oddress or location) ANSTITUTION		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
1	X	<i>M</i>	Baltimo	ce	5.3-00
	Maryland General	Hospital		rural, give location)	
/	nargiana serveras	1103/1001	8011 Vork	Rd.	
5.	SEX 6. RACE , 7. MAI	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	M MID	OWED, DIVORCED (specify)	7-22-89	lost birthday	Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 10B. KIN	OF RUSINESS OF INDUSTRY		ion country)	12, CITIZEN OF
	ne during most of working life, even if retired)		Λ	A	WHAT COUNTRY?
	retired Totle Gua	ranee Co.	Marylan	a	U.S.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	11/11: 1 T 1/2/1/20		Alice &	wing	
10	William (, Celley, Wos Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL			ADDRESS
(Ye	es, no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.	Phul Nichels		
	No	212-16-48-15	(Grandson)	207 Rod	gers Forge Rd. #21212
-	18 9 0 VI	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0	1		ONSET AND DEATH
	LEADING TO DEATH	100	rebral Thr	on bacic	2 weeks
	(This does not mean the mode of dying,	e.g., DUE TO			
	hearf failure, asfhenia, etc. It means the dis	eose,			
	injuly of complication which coused deofh.)	(B)			
	ANTECEDENT CAUSES	DUE TO	***************************************		
	DISEASES OR CONDITIONS, if ony,				
	rise to the obave cause (A) storing UNDERLYING CONDITION lost.	fhe (C)	·		
	ONDERENING CONDITION 1031.				
z	OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING			
TIO	TO THE DEATH BUT NOT RELATED TO				
4	DISEASE OR CONDITION CAUSING II.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES WEDE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		4//)	IN CERTIFYING CA	USES OF DEATH?
ER	21A ACCIDENT WAS UNDERLYING	1218 BLACE OF MILLERY	A chaut 21C WHERE DID	()( := P=14:	a City siya avast lass (a-)
0	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, fectory, street, of	fice bldg., INJURY OCCUR?	()1 in Boltimore	e City, give exoct locotion)
A	DEATH (notily medical examiner)	etc.)			
MEDIC		21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
×	(APPROX.)	While AI Not Whil			
	RVA/	Work Al Work			
	22. I certify that (1) (this hospital) atten	ded the deceosed from		19ta	19
1	that (I) (we) last sow the deceased olive	on	19ond th	ot in(my) (our) opi	nion deoth occurred on the dote
	ond hour and from the causes stoted oba	ve. (1) (We) (did) (did ==+)			
	23A. SIGNATURE	; (i) (iii) (uiu) (uiu nat) V	TOW THE DOUG OHER GEOTH.		23B, DATE SIGNED
	1 /11:40	M.D. Atte	ending Med.	Stoff CERT	10 32 -
	111111111111111111111111111111111111111	due M.D. Atte		Stoff Phys.	10-66-67
	wallen, , sole		- 7		
	23C. PHYSICIAN'S		23D. ADDRESS	, /)	2 11
		M.D.	23D. ADDRESS	and Cens	rol Hour ho
24	23C.PHYSICIAM'S NAME (Type)	M.D.	Marylo	and bene	rol Hospital
24	23C. PHYSICIAM'S NAME (Type)  A. BURIAL CREMATION, 248. DATE 25 PEMOVAL (Specify)	M.D.	Marylo		rol Hospital  ity, town, or county (Stote)
24	23C.PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 1248, DATE	M.D.	Marylo	ocation (C Baltimore,	
	A. BURIAL CREMATION, REMOVAL (Specify) burial 10/25/67	M.D.  4C. NAME of CEMETERY of CRE  New Cathedral  ME OF REGISTRAR	Marylo	Baltimore,	
	A. BURIAL CREMATION, REMOVAL (Specify) burial 10/25/67	M.D. 4C.NAME of CEMETERY of CRI New Cathedral	Marylo JAD. L	Baltimore,	Maryland ADDRESS



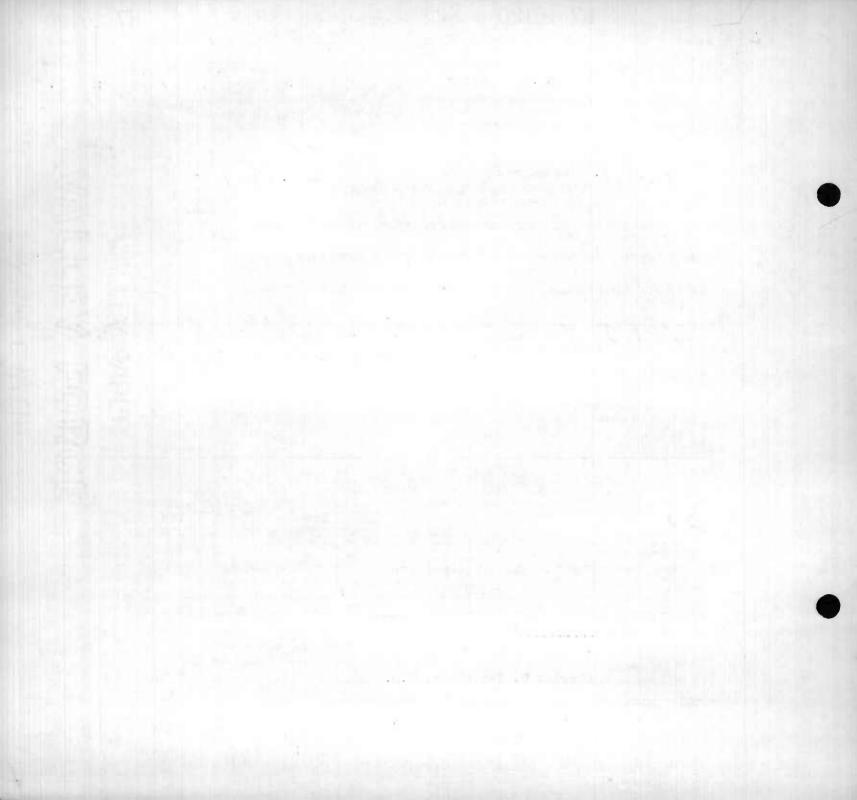
( VO	AME OF DEC			18 CERTIFICA	2. DATE	AND HOUR OF DEATH	
	K	ANE, Thomas		, Jr,		OCTOBER 1967	7:22 A
3. F	LACE OF DEA	THE BALLIMORE, MA	KILAND		A. STATE B. CO	DUNTY	nstitution; residence before admi
F	ULL NAME O	F (If not in hospital oddress or location		give street		BALTIMORE CIT	
11	NSTITUTION T	TETERANS ADMI	NISTRAT	ION HOSPITAL	BALTIMORE	t outside city limits, write	RURAL and give township)
	273	3900 LOCH RAV	EN BOULI	EVARD	D. STREET ADDRESS	(If rural, give location)	fact.
0	× / E	BALTIMORE, M	RYLAND	21218	2424 GREENM	OUNT AVNEUE	
5. <b>S</b>	EX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 Months! Doys Hours! M
M	ALE	CAUCASION	DIVORCE		1-19-17	50	Total and a second
		UPATION (Give kind of work working life, even it retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	AINTING	me, even il tenifet)	CONSTR	RUCTION	BALTIMORE, I	MARYLAND	U. S. A.
	FATHER'S NAM	ME			14. MOTHER'S MAIDEN		
TI	HOMAS R	CANE			KATHERINE	CHISHAM	
15. V	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT LICED	ITAL RECORDS	ADDRESS
	ES	7-17-42 TO		219-18-40-01			LTIMORE, MD 2121
	18.	0	~ ~ ~	CAUSE O		THE DEVELOPMENT	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH (A)				PIRATORY FAIL	URE	TWO WEEKS
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,						
	injury or com	plication which caused	death.)	CHRO	ONIC BRONCHITI	S. & EMPHYSEM	A MANY YEARS
		ANTECEDENT CAUSES		DUE TO			
		OR CONDITIONS, if obove cause (A)		(C)			
		CONDITION lost.		(6)			****************
VIION	TO THE D	FICANT CONDITIONS C	ATED TO TH	G E			
CATION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING	TED TO TH	G E WHICH OPERATION	20 A. AUTOPSY? (Yes o	No) 20B. IF YES, WERE	
RTIFICATION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING	TED TO TH	E	20A. AUTOPSY? (Yes of	No) 208. IF YES, WERE	
L CERTIFIC	TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDER OR CONTRIBL	FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING	TED TO TH	E WHICH OPERATION  PLACE OF INJURY(e,g,, in e, form, foctory, street, of		IN CERTIFYING CA	
EDICAL CERTIFIC	TO THE D DISEASE OR  19 A. DATE OF  21 A. ACCIDER OR CONTRIBL DEATH (notify)  21 D. TIME	FICANT CONDITIONS CEATH BUT NOT RELACED TO CAUSING OPERATION 198. CON WAS PER	ATED TO THIT.  IDITION FOR V  218, hometc.	E WHICH OPERATION  PLACE OF INJURY(e,g,, in e, form, foctory, street, of	NO n or obout 21C, WHERE DIE ffice bldg., INJURY OCCUR	IN CERTIFYING CA	USES OF DEATH?
MEDICAL CERTIFIC	TO THE D DISEASE OR  19 A. DATE OF  21 A. ACCIDER OR CONTRIBL DEATH (notify	FICANT CONDITIONS CEATH BUT NOT RELACED TO THE PROPERTY OF T	TED TO TH IT.  DITION FOR V FORMED  218, hometc.)	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred lile At Not Whill	NO n or obout 21C. WHERE DIT ffice bldg INJURY OCCUR	IN CERTIFYING CA	USES OF DEATH?
MEDICAL CERTIFIC	TO THE D DISEASE OR 19 A. DATE OF 21 A. ACCIDER OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.)	FICANT CONDITIONS CONTROL TO THE PROPERTY OF T	TED TO THIS INTERPOLATION FOR A PORMED 218. Home etc	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred ite At Not Whith	NO n or obout 21C. WHERE DIT ffice bidg INJURY OCCUR 21F. HOW DID	IN CERTIFYING CA	USES OF DEATH?  e City, give exact locotion)
MEDICAL CERTIFIC	TO THE D DISEASE OR 19A-DATE OF 21A. ACCIDED OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify	FICANT CONDITIONS CEATH BUT NOT RELACED TO THE PROPERTY OF THE	TED TO THITIDITION FOR VERNED  218. hometc.)  (Hour) 21E. Why Wo	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred like At Not While At Work he deceased from 2	NO n or obout 21C. WHERE DIT ffice bldg INJURY OCCUR 21F. HOW DID COTOBER	IN CERTIFYING CA OF OR OTHER PROPERTY OF THE P	USES OF DEATH?  e City, give exact locofion)  OCTOBER 19 6
MEDICAL CERTIFIC	TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that \$10 (we)\$	FICANT CONDITIONS CEATH BUT NOT RELACED TO THE PROPERTY OF THE	TED TO THIS INTERPOLATION FOR A PORMED  218, hometc.) (Hour) 21E. White World alive an	PLACE OF INJURY (e.g., in the form, foctory, street, of the form, foctory, street, of the foctory, street, str	NO n of obout 21C. WHERE DITE ffice bidg INJURY OCCUR 21F. HOW DID COTOBER 19 67 and	IN CERTIFYING CA  (If in Boltimore  INJURY OCCUR?  19 67 ta 21  I that in (%y) (our) api	USES OF DEATH?  e City, give exact locotion)
MEDICAL CERTIFIC	TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that \$10 (we)\$	FICANT CONDITIONS CEATH BUT NOT RELACED TO THE PROPERTY OF THE	TED TO THIS INTERPOLATION FOR A PORMED  218, hometc.) (Hour) 21E. White World alive an	PLACE OF INJURY (e.g., in the form, foctory, street, of the form, foctory, street, of the foctory, street, str	NO n or obout 21C. WHERE DIT ffice bldg INJURY OCCUR 21F. HOW DID COTOBER	IN CERTIFYING CA  (If in Boltimore  INJURY OCCUR?  19 67 ta 21  I that in (%y) (our) api	USES OF DEATH?  c City, give exact locotion)  OCTOBER 19 6
MEDICAL CERTIFIC	TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that 10 (we) and hour and	FICANT CONDITIONS CEATH BUT NOT RELACED TO THE PROPERTY OF THE	TED TO THIS INTERPOLATION FOR A PORMED  218, hometc.) (Hour) 21E. White World alive an	WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred his Al Work he deceased fram 2.  21 OCTOBER  (We) (dld) (did ret) v	NO n or obout 21C. WHERE DIE ffice bidg. INJURY OCCUR  21F. HOW DID  OCTOBER  19 67 and riew the bady after dea	IN CERTIFYING CA  OF THE PROPERTY OF THE PROPE	OCTOBER 19 6
MEDICAL CERTIFIC	TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that 10 (we) and hour grows 33 SIGNATU	FICANT CONDITIONS CEATH BUT NOT RELACED TO THE PROPERTY OF THE	TED TO THIS INTERPOLATION FOR A PORMED  218, hometc.) (Hour) 21E. White World alive an	PLACE OF INJURY (c.g., in e., form, foctory, street, of injury occurred in the street of injury occurred in the street of injury occurred in the injury occurred in the deceased from 2 21 OCTOBER (We) (dld) (diployet) v	NO n or obout 21C. WHERE DIT ffice bldg INJURY OCCUR  21F. HOW DID  COTOBER  19 67 and rlew the bady after dea  ending Med. Director	IN CERTIFYING CA  OF THE INJURY OCCUR?	OCTOBER 19 6 inian death accurred an the
MEDICAL CERTIFIC	TO THE D DISEASE OR 19A-DATE OF 21A. ACCIDE OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that 10 (we) and hour and 23A SIGNATU	FICANT CONDITIONS CONTROL OF THE PROPERTY OF T	TED TO THIS INTERPOLATION FOR A PROPERTY OF THE PROPERTY OF TH	WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred hill Al Work he deceased from 2.  21 OCTOBER  (We) (dld) (strong)	NO n or obout 21C. WHERE DIT ffice bidg. INJURY OCCUR 21F. HOW DID  OCTOBER  19.67 and riew the bady after dea  ending Med. Director 220D. ADDRESS 3900 L	IN CERTIFYING CA  OF THE PROPERTY OF THE PROPE	OCTOBER 19 6 Inian death accurred an the    238. DATE SIGNED   21 OCTOBER 196
MEDICAL CERTIFIC	TO THE D DISEASE OR 19 A. DATE OF 21 A. ACCIDED OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.)  22. I certify that 10 (we) and hour good 23 A SIGNATU 23 C PHYSICIA NAME (T	FICANT CONDITIONS CEATH BUT NOT RELACED TO THE PROPERTY OF THE	CAMERO	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred had been allowed by the deceased from 2.  21 OCTOBER.  (We) (did) (street) with the deceased from 2.  (We) (did) (street) with the deceased from 2.  (We) (Ald) (street) with the deceased from 2.  (We) (Ald) (street) with the deceased from 2.	NO n or obout 21C. WHERE DIT ffice bldg. INJURY OCCUR  21F. HOW DID  COTOBER  19 67 and rlew the bady after dea  ending Med. 5. Director  23D. ADDRESS 3900 L BALTIM	IN CERTIFYING CA  OF OR OTHER PROPERTY OF THE	OCTOBER 19 6  inian death accurred an the  23B. DATE SIGNED 21 OCTOBER 196  LEVARD 21218
MEDICAL CERTIFIC	TO THE D DISEASE OR 19A-DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that 10 (we) and hour and 23A SIGNATU 23C PHYSICIA HAME (T. BURIAL CRE. REMOVAL (S.	FICANT CONDITIONS CEATH BUT NOT RELACED TO THE PROPERTY OF THE	CAMERO	PLACE OF INJURY (c.g., in e., form, foctory, street, of injury occurred in the deceased from 2 21 OCTOBER  (We) (did) (did not) very company of the physical control of the physical control of the physical control of the physical control of the physical of the physical control of the physical c	NO n or obout 21C. WHERE DIT ffice bldg INJURY OCCUR  21F. HOW DID  COTOBER  19 67 and rlew the bady after dea  ending Med. 5. Director  23D. ADDRESS 3900 L BALTIM	IN CERTIFYING CA  OF COMMENT OF C	OCTOBER 19 6 inian death accurred an the 23B. DATE SIGNED 21 OCTOBER 190 LEVARD 21218 ity, fown, or county) (Ste
MEDICAL CERTIFIC	TO THE D DISEASE OR 19A-DATE OF 19A-DATE OF 21A-ACCIDED OR CONTRIBL DEATH (notify (APPROX.)  21. I certify that 10 (we) and hour and 23A SIGNATU 23C HYSICIA HAME (T. BURIAL CREREMOVAL (S. BURIAL CRE	FICANT CONDITIONS CEATH BUT NOT RELATED NO	CAMERO	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred like Al Not White deceased from 2.  21 OCTOBER  (We) (dld) (district) when the deceased from 2.  Alle Phy  M.D. Alle Phy  Baltimore Nat	NO n or obout 21C. WHERE DIE ffice bidg INJURY OCCUR  21F. HOW DID  COTOBER  19 67 and riew the bady after dea  ending Med. 5. Director BALTIM  EMATORY 1000121C. WHERE DIE 21F. HOW DID  21F. HOW D	IN CERTIFYING CA  OF THE CONTROL OF	OCTOBER  19 6  inian death accurred an the  21 OCTOBER 196  LEVARD 21218  ity, town, or county) (Stee)
MEDICAL CERTIFIC	TO THE D DISEASE OR 19A-DATE OF 19A-DATE OF 21A-ACCIDED OR CONTRIBL DEATH (notify (APPROX.)  21. I certify that 10 (we) and hour and 23A SIGNATU 23C HYSICIA HAME (T. BURIAL CREREMOVAL (S. BURIAL CRE	FICANT CONDITIONS CEATH BUT NOT RELACED TO MASSING OPERATION 198. CON WAS PER NT WAS UNDERLYING CAUSE OF medicol exomines)  That (M (this hospital lost saw the deceosed from the cause state)  JOHN L.  MATION, 248. DATE 10/24/ BY HEALTH DEPT.	CAMERO  CAMERO  2258. NAME C	PLACE OF INJURY(c.g., in e., form, foctory, street, of injury occurred in the first of the deceased from 2 21 OCTOBER  (We) (dld) (dibyy) volume of cemetery of creating and cemeters and	NO n or obout 21C. WHERE DIE ffice bidg. INJURY OCCUR  21F. HOW DID  COTOBER  19 67 and wheel birector 23D. ADDRESS 3900 L BALTIM EMATORY 125C. FUNERAL DIRECTOR  24E	IN CERTIFYING CA  OF CHANGE  INJURY OCCUR?  Injury	OCTOBER  19 6  inian death accurred an the  238 DATE SIGNED 21 OCTOBER 190  LEVARD 21218  ity, town, or county) (Steel)  ADDRESS
WEDICAL CERTIFIC	TO THE D DISEASE OR 19A-DATE OF 19A-DATE OF 21A-ACCIDED OR CONTRIBL DEATH (notify (APPROX.)  21. I certify that 10 (we) and hour and 23A SIGNATU 23C HYSICIA HAME (T. BURIAL CREREMOVAL (S. BURIAL CRE	FICANT CONDITIONS CEATH BUT NOT RELATED NO	CAMERO  CAMERO  2258. NAME C	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred like Al Not White deceased from 2.  21 OCTOBER  (We) (dld) (district) when the deceased from 2.  Alle Phy  M.D. Alle Phy  Baltimore Nat	NO n or obout 21C. WHERE DIE ffice bidg. INJURY OCCUR  21F. HOW DID  COTOBER  19 67 and wheel birector 23D. ADDRESS 3900 L BALTIM EMATORY 125C. FUNERAL DIRECTOR  24E	IN CERTIFYING CA  OF THE CONTROL OF	OCTOBER 19 Control of the control of

BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
GEROGE L. GARLAND  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	October 3, 1967   11:50 av.  4. USUAL RESIDENCE (Where deceosed fived. If institution: residence before odmission as STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Maryland General Hospital D.O.A.	D. STREET ADDRESS (If rurol, give locotion)  21 W. Preston St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH  9. AGE (In years less bishdoy)  Months: Doys Hours Min.
10A. USUAL OCCUPATION (Sive kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (B) DUE TO UNDERLYING CONDITION LAST.	Arteriosclerotic Cardiovascualar Disease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
WAS PERFORMED	20.A. AUTOPSY? (Yes of No.) 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	21F. HOW DID INJURY OCCUR?
22. I certify that I held on Inquiry Inspection X Auresulted from: Natural couses X Accident Suicid	CHIEF MEDICAL EXAMINER
SIGNATURE SUMA TO WIST M.D. EXAMINER'S	ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.  23A, BURIAL CREMATION, REMOVAL (Specify)  23B, DATE  23C, NAME of CEMETERY	ANATOMY BOA Poctober 3 A 1967 AN
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS MORTUARY SERVICE - BCHD
VS 151-REV. 1/1/65	



## 67 10120 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.	E. CASE NO.								
l. (Ťy	Pe or Print		ACO KNIGHT		September 7, 1967 9:50 P.				
				September 7, 1967 9:50 P.			M.		
FU	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA		A. STATE Ma	ryland WN (If outside	B. COL	YTA		2 2
- 1	00	238 N. Pine	Street	23	8 N. Pi	ne Street			
5.	Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRT	тн	9. AGE (In years lost birthday) 60	If Under Months	TYr. If Under 2 Doys Hours	4 Hrs. Min.
		UPATION (Give kind of wor working life, even if retired)	k 108. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE	(State or forei	gn country)	12. CITIZ WHA	EN OF	
13.	FATHER'S NAM	AE		14. MOTHER'S A	AAIDEN NAM	E			
		ED EVER IN U.S. ARMED		17. INFORMANT			ADDRESS	5	
NOIL	(This does heart foilure injury or co DISEASES RISE TO TH	SE OR CONDITION DE LEADING TO DEATH not meen the mode of , osthenio, etc. It meons mplicotion which coused ANTECEDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.	IRECTLY  dying, e.g., DUE TO death.)  S  ANY, GIVING DUE TO	SE OF DEATH	rphosis	of liver		INTERVAL BETWONSET AND DI	
CERTIFICATION	TO THE DISEASE C	INIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION [198. CON	LATED TO THE			208. IF YES, WERE FI	NDINGS C	ON SIDERED	00000E
	O) A EVERAL			Ye		IN CERTIFYING PALL			
MEDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Yeo	21B. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)  17) (Hour) 21E. INJURY OCCURRE	office bldg., INJUR	WHERE DID		ve exoci lo	ocotion)	
	OF INJURY (APPROX.)	(World) (Doy) (Teo	WHILE AT NO	T WHILE WORK					
		URE Charle Type)  MATON, 23B. DATE	Accident Suices S. Springate, M.D.	CHIEF A D. ASSISTANT A ASSOCIATE	MEDICAL EMEDICAL EMEDICAL EMEDICAL E	ROARD OF	er 🗌	DATE SIGN	967
	A. DATE REC'D	0 BY HEALTH DEPT.	246, NAME OF REGISTRAR	24C. FUNE	VERSIT	RV SEDVI		CHOOL ADDRESS BCHD	
Vs	151-REV. 1/1.	901 10 1- 1001	Robert E. Farkeyan	[11]	UNIUA	MI SERVE	ICL -	DOME	

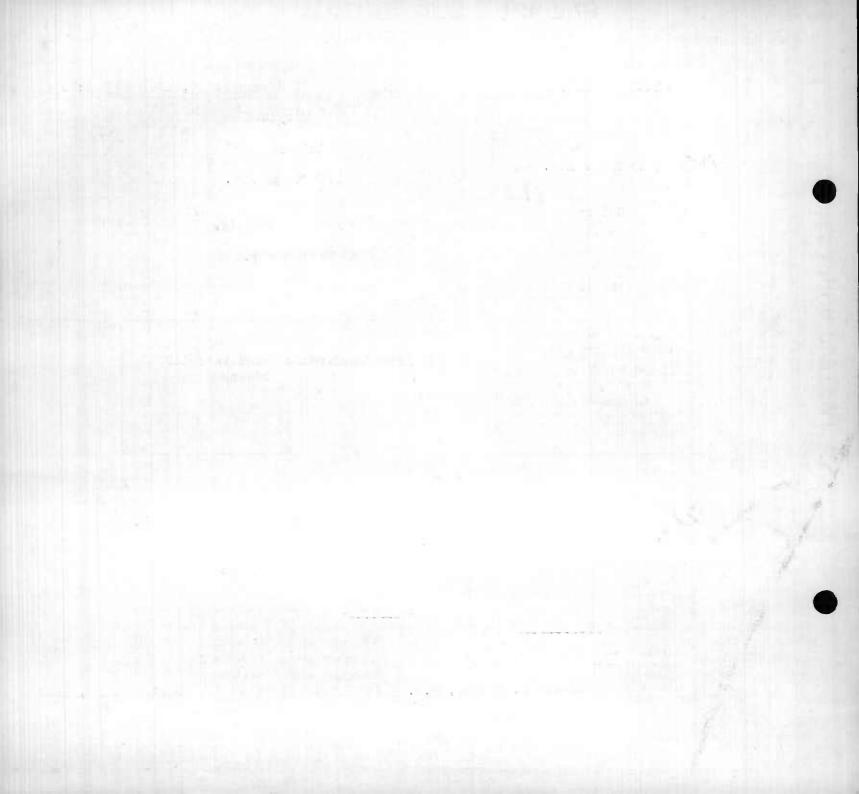


A-53 6 BIRTH NO.

67 10121 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 10121

M.E. CASE NO.	TEAL EXAMINATION	CERTIFICATI				
1. NAME OF DECEASED			2. DATE AND	HOUR PRONOUNC	ED DEAD	
(Type or Print)	COM					1.25 0
WILLIAM ANDERS  3. PLACE IN BALTIMORE, MARYLAND, V		4. USUAL RESID	ENCE (Where de	mber 30, 1	titution: residence	1:35 a M. e before odmission)
FULL NAME OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	A. STATE	Marvland	B. COL	YTAU	
HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)			corporate limits, writ-	e RURAL ond gi	ve jownship)
0 0 1612 Pines Ave		D. STREET ADDI	imore RESS (If rurol, g	ve location)		
00 1613 Riggs Ave.		1613	Riggs Av	70		
5. SEX 6. RACE Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTI	н	9. AGE (In years last birthdoy) 47?	If Under 1 Y Months Doy	r. If Under 24 Hrs. s   Hours   Min.
10A. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired)	RY 11. BIRTHPLACE	(State or foreign		12. CITIZEN C	OUNTRY?	
13. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMEI	D FORCES? 16. SOCIAL	17. INFORMANT			ADDRESS	
(Yes, no orunknown) (If yes, give war or dot						
18.	CALL	SE OF DEATH			LINT	ERVAL BETWEEN
DISEASE OR CONDITION D	RECTLY				ON	SET AND DEATH
LEADING TO DEAT	H Art	eriosclero	tic Card	iovascular		
(This does not meon the mode of heart failure, asthenia, etc. It mean injury or complication which coused	s the disease, death,)		Dis	ease		
DISEASES OR CONDITIONS, IF	(9)		***************************************	••••		
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	STATING THE					
	(C)			************************		************************
II II						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. CON	ELATED TO THE				***************************************	
WAS FEI	NOTION FOR WHICH OPERATION REPORMED			B. IF YES, WERE FI		
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. PLACE OF INJURY (e.g.	. in or obout 21C. W	VHERE DID (If	in Boltimore City, gi		n)
7	etc.)					
OF INJURY (APPROX.)		T WHILE 21F. HO	OW DID INJUR	OCCUR?		
22. I certify that I held an			d that on this	basis, death in r	my opinian	
resulted fram: Natural co	ouses X Accident Suici			determined mann	er 🗌	
ACTUAL SIGNATURE	still	CHIEF MI	EDICAL EXA		D	ATE SIGNED
EXAMINER'S	d F. Wilson, M.D.	ASSOCIATE		MINER	ptember	30 V 1067 D
23A, BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY	23D. LO		, town, or county	
		UI	WY CRS	I I MED	ICAL S	CHUUL
OCT 24 1967	Res & E. Fasher M.	MOR	AL DIRECTOR RTUARY	SERVIC	E - BC	HD
VS 151-REV. 1/1/65			71 0			



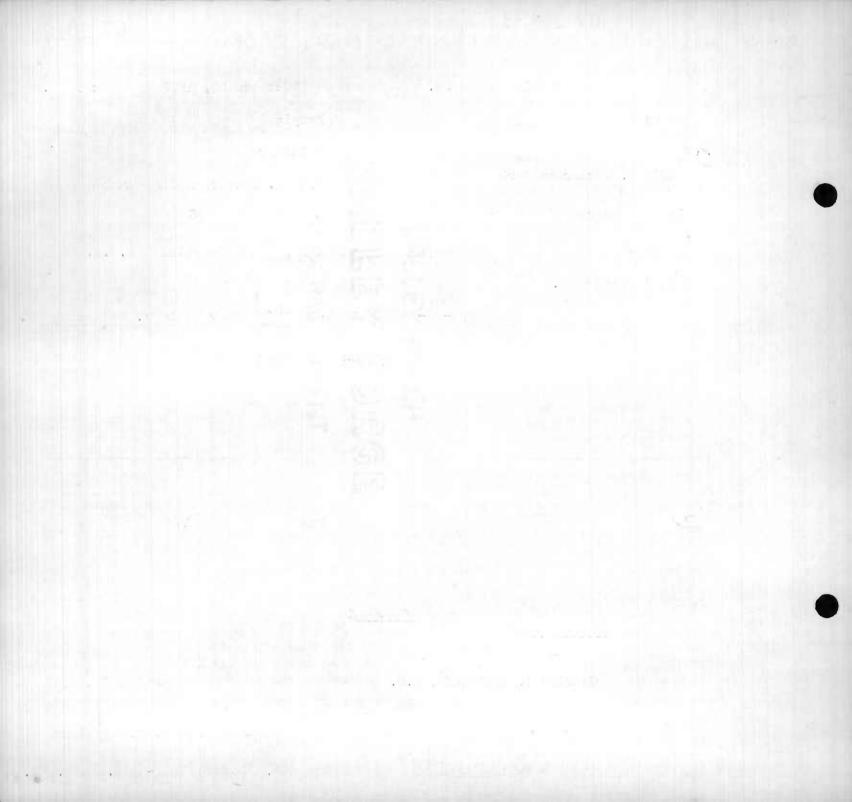
	C T	4049	BALTIMORE CITY	Y HEALTH DEPARTMENT		CH	40400
BIRTH NO.	0/	1012	CERTIFICA	TE OF DEATH	Registered Na	01	10122
M.E. CASE NO.	CEASED		0_1(11110)		ND HOUR OF DEATH		
Type or Print)							
N. A.C.F. OF D.	George M	. Still			ber 21,1967		9:00 A:
. PLACE OF D	EATH IN BALTIMUKE, MA	KILAND		4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. Il ins NTY	stitution; resid	ence belore odmiss
FULL NAME HOSPITAL OR		or institution, g	give street	Maryland	Baltimore	e URAL ond gi	ve_township}
00				Baltimor e			1/2 = 16/
00					f rural, give location)		
371	2 Gwynn Oak	Avenue		3712 Gwynn C	lak Avenue		
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr., If Under 24
r. 1	7771 14		, DIVORCED (specify)	6-30-1901	lost birthdoy)	Months Do	ys Hours Mi
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	of working life, even il retired)	TIOD. KIND OF	BOSHIESS OR HEDOSIKI	III. BIKITITEACE (SIBIE OF 101	eigh country/	WHAT	COUNTRY?
Service	Man			Baltimore Co	Md.	USA	
FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	AME	· JUA	
Charle	c M C+:11			T 4 T			
	S M. Still	?	1 6. SOCIAL	Laura A. Bos	tey	4.6	DDRESS
es, no or unknov	vn) (If yes, give wor or dote	es of service)	SECURITY NO.	IV. INFORMANT		AL	JUKE22
NO		2	216-14-8844	Mary E. Still-	3712 Gwynn	Oak A	venue
1B. 1	8.7.1			OF DEATH	- · I - G W y IIII	INT	ERVAL BETWEEN
/ 34	ASE OR CONDITION DI	RECTLY				ON	SET AND DEATH
	LEADING TO DEATH		Care	nary occlusion		1 h	eur
	not mean the mode of		DUE TO		*************************	- 48	
	e, osthenio, etc. It meons emplication which coused		Arter	iescleretic car	die-vascular		
,	ANTECEDENT CAUSES		(B)	isease		10 y	ears
DICEAGE			DUE TO				
	OR CONDITIONS, if he obove couse (A)		(0)	200240040000000000000000000000000000000			
	IG CONDITION last.	-i-iiid iiie	10/				
	11				···		
	NIFICANT CONDITIONS			Digeone			
=   IO Int	DEATH BUT NOT RELA	ATED TO THE	Letry Twa ew, 8	DT 星 条件 放 条			
U 19A. DATE C	F OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE F	INDINGS CO	NSIDERED
	WAS PER	FORMED		No.	IN CERTIFYING CAL	ISES OF DEA	ATH?
U 21A. ACCID	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(II in Boltimore	City, give e.	xoct location)
OR CONTRI	BUTING CAUSE OF  ly medical examiner	hom etc.)	e, lorm, loctory, street, o	office bldg., INJURY OCCUR?			
J							
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX)		Whi	le At Not Whi	le			
22 1	y that (I) 如面白版多数				10.67 . 0=+	have	20/19
				•	1967 to Oct		19.67
that (1)	last saw the decease	ed alive an	October 15,	196.7and t	hat In(my) (MOC)Capir	nian death o	occurred on the
and have a	nd fram the couses sta	ted above. (I	) (did) (did) (did)	view the bady after deoth	•		
23A. SION AT		, ,				23B. DATE S	IGNED
MI	Mudleta	dand	7 M.D. Att	mending Med. Director	Stoll Phys.	10/23	167
23C BUYELO	IANES / //	17	Phy	/		,	101
NAME	(Type)	/		23D. ADDRESS ].811 N	. Rolling Rd.		
Millar	d T. Traband,	Jr.	M.D.		ore, Md. 2120		
4A. BURIAL CR		24C. NA	ME of CEMETERY of CR			y, town, or c	ounty) (Sto
REMOVAL Rurial	(Specify) 10-24-6	7 0	inaguhana Carr	notow-	mleton 16 1		
Burial			inegr <b>i</b> ve Cen		rkton, Maryl	and	100000
5A. DATE REC'	D BY HEALTH DEPT.	25B. NAME O		25C. FUNERAL DIRECTO			ADDRESS
OC.	T24 1967 (17.1	De 5 E.	Farber MA	Ellsworth Arma	acost-4600 I	iberty	Hghts.A
/S 150-PEV 1/1	/4.6						

The right to the contract of 100 m m . , Alle Control Lev . . . . 7. \ 5\ = man St. Alexandr Sect. 1997 - 3 

VS 151-REV. 1/1/65

## 67 10123 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10123

M.E. CASE NO.									
1. NAME OF DEC	CEASED	GUNNI	r tv	ONC ID			HOUR PRONOUNCED		= A
2 DI ACE IN BALS	TAAODE AAADY			ONS JR.	Ta Helial Beer		er 20, 1967	8:35	M.
3. PLACE IN BALT	IMUKE, MAKI	LAND, WHERE	PRONOL	INCED DEAD	A. STATE		deceased lived. If institu B. COUN	ition: residence beto ITY	re odnission)
FULL NAME OF	(IF NOT II	N HOSPITAL C	RINSTITU	TION, GIVE STREET	C. CITY OR TOW	ryland	corporate limits, write	RURAL and give to	unship) 4
INSTITUTION	ADDRESS	OK LOCATION	4)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give longship)				
00					D. STREET ADDR	Ltimore	give location)	0	-1
1518	N. Patt	erson P	ark						
5. SEX	6. RACE	7. N	A ARRIED,	NEVER MARRIED	B. DATE OF BIRTH	8 N. P.	etterson Par	II Under 1 Yr. If U	Jnder 24 Hrs.
Male	Noor	7.6	owed, darrie	DIVORCED (specify)	May 29,	1020	lost birthdoyl	Months Doys H	ours Min.
	Negro			BUSINESS OR INDUSTRY			38	12. CITIZEN OF	
done during most of v	working life, ever				11.13			WHAT COUNT	RY?
Labore	JE.		Bugl	le Laundry	Edgecom	DEN NAME	th Carolina	U.S.A.	
		Q							
Gunni 15. WAS DECEASE	e Lyons	S. ARMED FOI	RCES?	16. SO CIAL	Edna Ho	pe		ADDRESS	
Yes, no or unknown				SECURITY NO.					
NO				239-48-9825	Annie M	ae Whi	taker 1518	N. Patter	
18.	/ X 1			CAUSE	OF DEATH				L BETWEEN
DISEASES RISE TO THE UNDERLYIN OTHER SIGN TO THE DISEASE O	E ABOVE CAU NG CONDITION  II  NIFICANT COI  DEATH BUT  R CONDITION	ONS, IF ANY, JSE (A) STATIN ON LAST.  NOT RELATE CAUSING IT.	NTRIBUTING TO THE				ZOB. IF YES, WERE FININ CERTIFYING CAUSE		D
₹ 21A, EXTERNA	CALISE WA	\$	101 B	PLACE OF INJURY (e.g., i	Yes	3	Yes		
UNDERLYING UTING CAU	OR CONTRIB		home,	, form, foctory, street, o	ffice bldg., INJURY	OCCUR?		e exoct locotion)	
OF INJURY (APPROX.)		, , , , , , ,	W		WHILE [				
22.	ify that I he	ld on Inqui	ry	Inspection Aut	opsy X ond	that on thi	s basis, deoth in my	oplnion	
		otural causes	1 2 2 2	ccident Suicide			ndetermined monner		
			0 (				AMINER _		
ACTUAL SIGNAT	URE	land.	1.		ASSISTANT ME	DICAL EX	AMINER X	DATE	SIGNED
EXAMIN NAME (		arles S	. Spr	ingate, M.D.	ASSOCIATE ME	EDICAL EX	AMINER OC	tober 20,	1967
23A, BURIAL CRE	MATION, 23E	DATE	230	C. NAME of CEMETERY o	CREMATORY	23 D. LO	CATION (City, 1	lown, or county)	(Stote)
REMOVAL (Specil) Burial		04 25	1067	Commol Comet			2		
DULTEL 24A. DATE REC'D				Carmel Cemete	24C. FUNERA	LDIRECTOR	Rocky Mount,	N. Carol	ina
				2, Farber Ms	- TOTTERA	DIRECTOR		- Control	
0	CT 241	901 Of	but	E, Mansey, and	Dona	1d E. G	lover 1701	-03 N. P.	tt. Pv

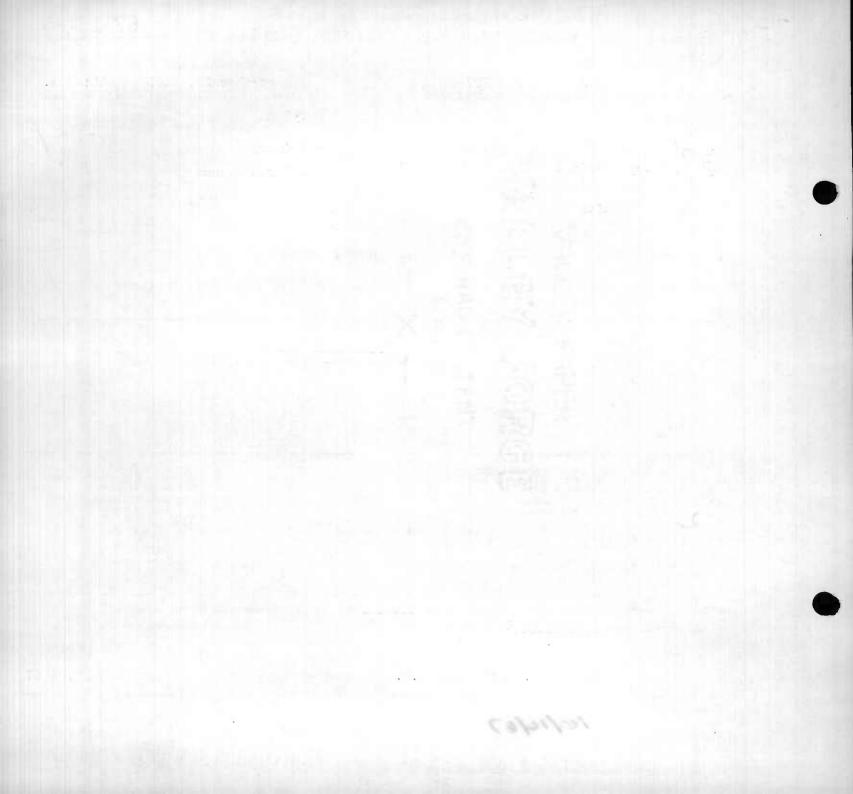


RUCTIFICE MARYLAND CENERAL 4004 Villa wout Pel 1405/173/ 2-14-91 76 H W MARRED Bulder Ret. Bulling Charales GerunG Elizabeth Treline - \- i CA 1 Pertru 7 NE118 FRANK I FORICK Ad General Hor FATELL

## 5-5-13 67 10125 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10125

M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  JOHN				
(Type or Print)				
	SCHMITT		our pronounced dead er 28, 1967	12:45 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE FULL NAME OF (IF NOT IN HOSPITAL C	E PRONOUNCED DEAD  OR INSTITUTION, GIVE STREET N)	A. USUAL RESIDENCE (Where deceded, STATE  Maryland C. CITY OR TOWN (If outside corp.)	osed lived. If institution res B. COUNTY	idence before odmission)
HOSPITAL OR ADDRESS OR LOCATION	N)	Baltimore	orote limits, while KORAL	13-01
Mercy Hospital		D. STREET ADDRESS (If rurol, give 306 North Av		
	MARRIED, NEVER MARRIED DOWED, DIVORCED(specify)	8. DATE OF BIRTH 9		Doys Hours Min.
done during most of working life, even if refired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou		ZEN OF AT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FOI (Yes, no or unknown) (If yes, give wor or dates of		17. INFORMANT	ADDRES	S
DISEASE OR CONDITION DIRECT LEADING TO DEATH  (This does not mean the mode of dyinhead folium, estinguished to be injury or complication which coused death anticept for the ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION	GIVING (C)	riosclerotic heart	disease	ONSET AND DEATH
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORN	ON FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B, IN C	IF YES, WERE FINDINGS ( ERTIFYING CAUSES OF D	CONSIDERED
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in	Yes Boltimore City, give exect I	
21D TIME (Month) (Doy) (Yeor) ( OF INJURY (APPROX.)	WHILE AT NOT NOT WORK AT W	21F. HOW DID INJURY O	CCUR?	
I certify that I held on Inquiresulted from: Natural causes  ACTUAL SIGNATURE EXAMINER'S Charles S. NAME (Type)	ry Inspection Aut	opsy X ond that on this bo Homicide Unde	NER X	DATE SIGNED
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY O	CREMATORY 23D. LOCAT	TION (City, town, or MEDICAL S	county) (Stote) CHOOL
24A. DATE REC'D BY HEALTH DEPT. 24	B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	Y SERVICE	BCHD

9 9 1 0 1 4 6



Was

VS 150-REV. 1/1/65

of death Deceased

eath.

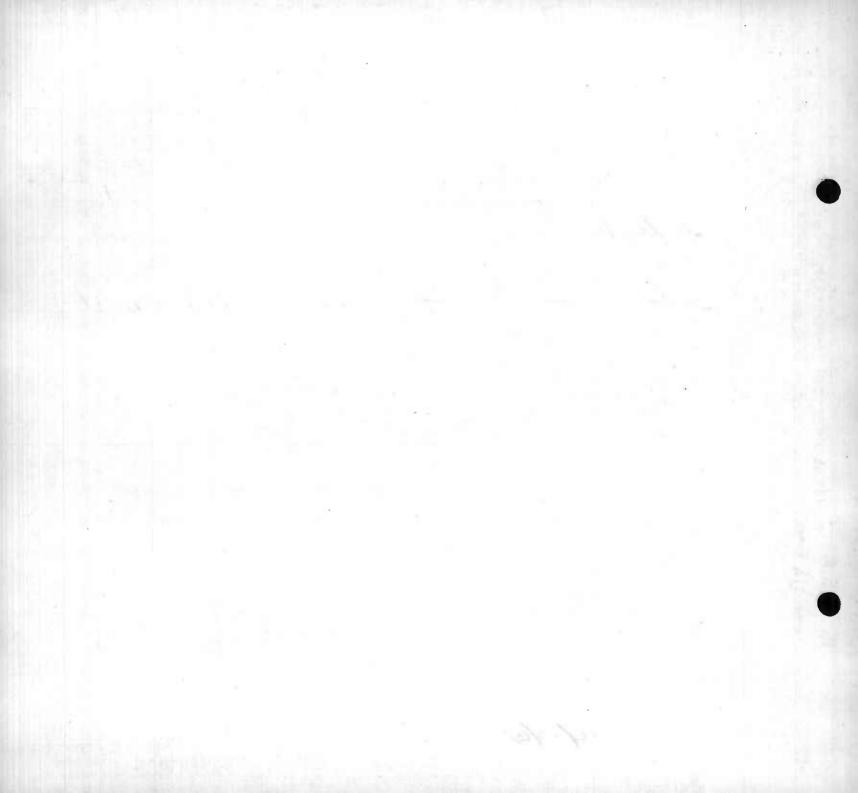
BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 67-2073267 10126 CERTIFICATE OF DEATH Registered Na. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A. STATE

B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL and D. STREET ADDRESS 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday Hours 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY HPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHERS NAME 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION Iosi. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from..... that (I) (we) last saw the deceased alive an. \_\_\_\_\_\_\_19\_\_\_\_and that In(my) (aur) apinian death accurred an the date and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Stoff Director 23C/PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, or CREMATORY 24D. LOCATION REMOVAL (Specify) 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

12 1044 67 18	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 10407
IRTH NO. 67 - 19889 A.E. CASE NO.	CERTIFICA	ATE OF DEATH	egistered Na	07 10161
NAME OF DECEASED  ype or Print Baby Boy &	Brown	2. DATE AND HO	UR OF DEATH	17 10
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where dec	eesed lived. If inst	titution: residence before edmiss
FULL NAME OF (If not in hospital or institution eddress or )ecotion) INSTITUTION University	byutal	Balto ma	city limits, write RL	URAL end give tewnship)
38		1524	N. St	wither St 1
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)		GE (In yeors pirthdoy)	If Under 1 Yr. If Under 24 Menths Deys Hours Min
A. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if refired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fereign co	ountry)	12. CITIZEN OF WHAT COUNTRY?
Walter Barne	et	14. MOTHER'S MAIDEN NAME Christisio	Brow,	2
Was Deceased Ever in U. S. Armed Forces? es,no or unknewn) (If yes, give wer er detes ef sei	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	hert a	ADDRESS wither
18.	CAUSE	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the obave cause (A) stating UNDERLYING CONDITION tast.	the (C)	rematurely		
TO THE DEATH BUT NOT RELATED TO DISEASE DR CONDITION CAUSING IT.	O THE FOR WHICH OPERATION	20A. AUTOPSY? (Yes ey No.)) 201	B. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			CERTIFYING CAU	City, give exect lecetion)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netify medical examinar)	home, form, fectory, street,	effice bidg., INJURY OCCUR?	tif in bollmore	City, give exect lecellelly
21D. TIME (Menth) (Dey) (Yeer) (Heur OF INJURY (APPROX.)	21E. INJURY OCCURRED  While A1 Net WI Work At Wei		OCCUR?	,
22. I certify that (1) (this hospital) atter	ded the deceased fram	10/5 196	And the con-	10/6 196
and haur and from the causes stated abo			(my) (aur) apln	nian death accurred an the
23A. SIGNATURE	1 · M.D. A	ttending Med. Steff Phys.	A	23B. DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	M. [	23D. ADDRESS	ROARD (	OF MARYLANI
AA. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY ANA 24D. LOCA	Y MEDIC	y, town, or county) (Sto
SA. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	V CEDWI	ADDRESS  OCUP
S 150-REV. 1/1/65 OCT 2 4 1967 (R)	C. 62. Farbert	A CONTONI	1 SEKY	UE - KUNU

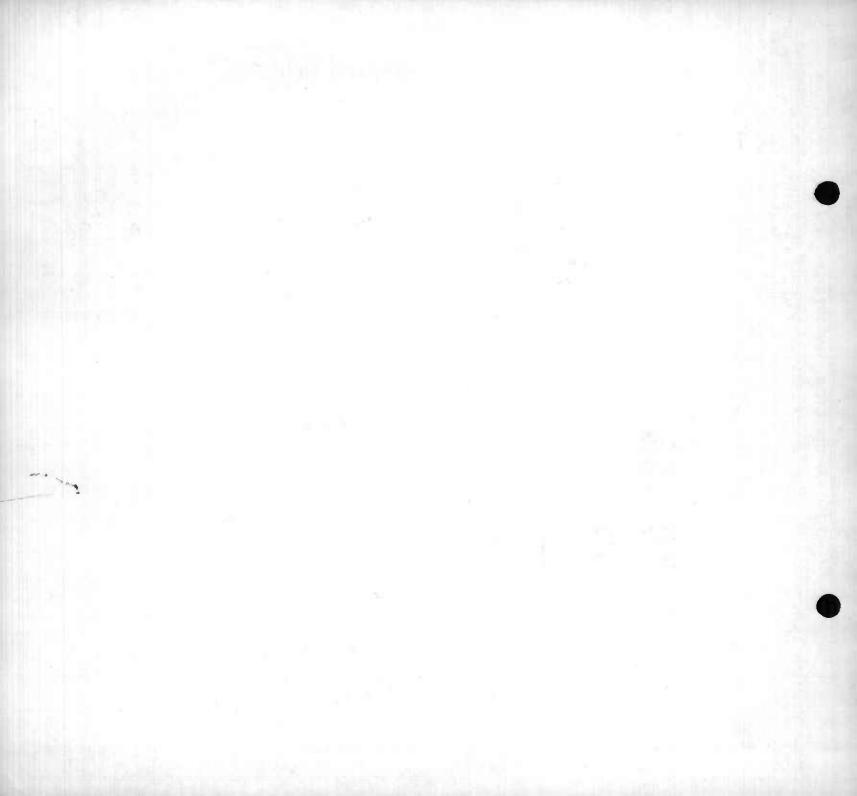


occurred eath IMPORTANT assistant FUNERAL DIRECTOR: approved BALTIMORE CITY HEALTH DEPARTMENT institution; residence before admission autside city limits, write RURAL and give township If Under 1 Yr. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) 10 and that In(my) (our) opinion death occurred on the date 23B, DATE SIGNED

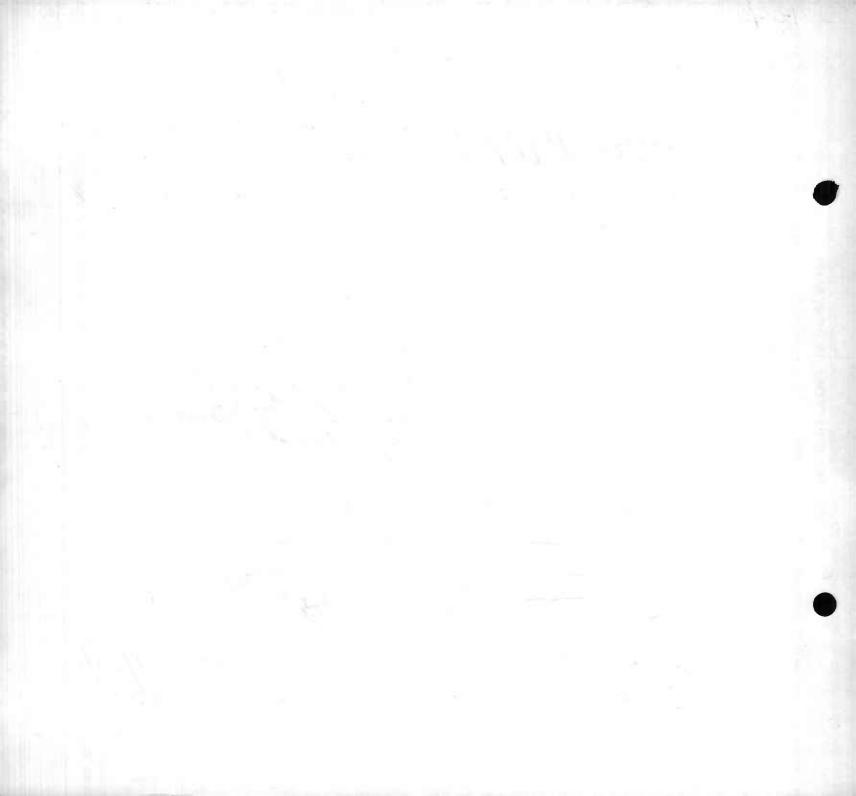


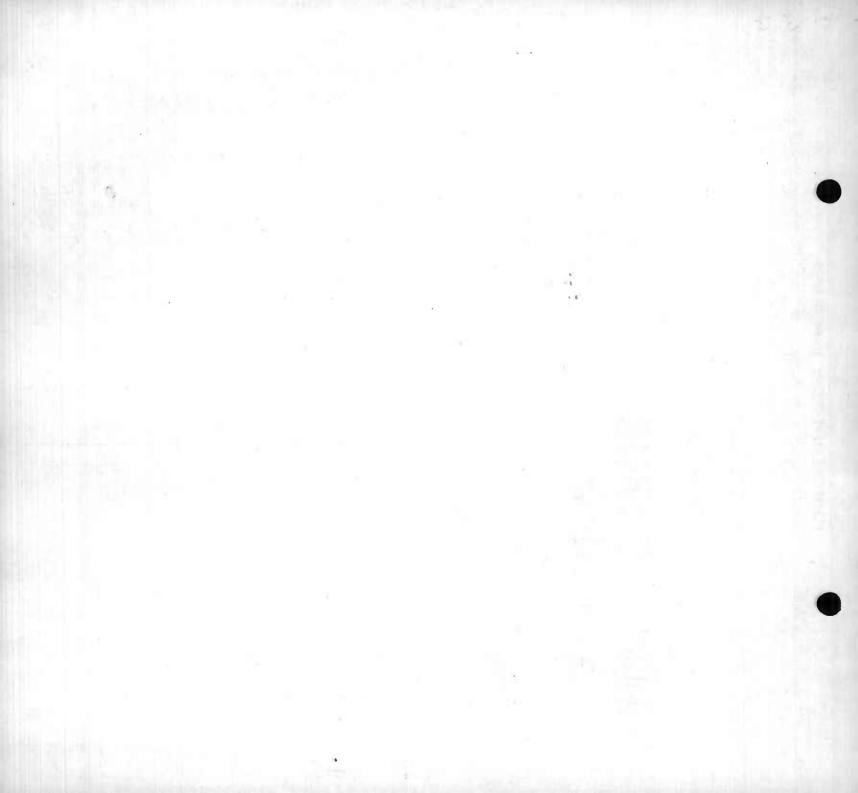
43/94 Bergard Warrant Republic TOT BEEKY WREET 14000 M/V MARYLANDS Sewack S. 4 AKE BEOWN A Francis Contin CARBINA MERIT RYACING MERCHANIC - THERE E.S. 

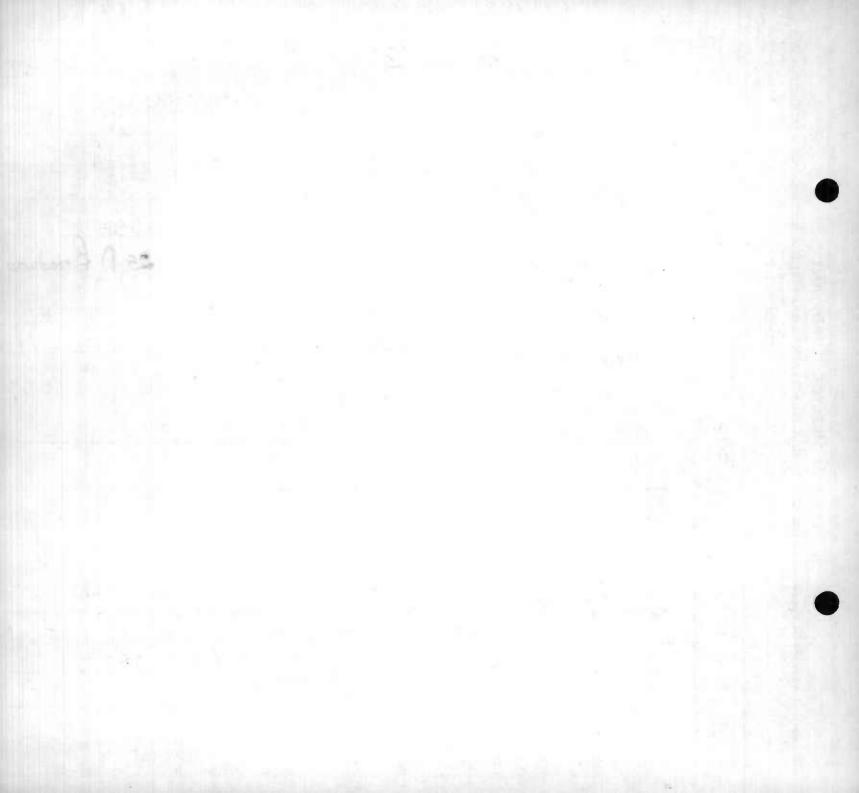
11	and on	1010	BALTIMORE CITY	HEALTH DEPARTMENT		67 10420 4
BIRTH NO. 2	0294 61	1013	CERTIFICA	TE OF DEATH	Registered Na.	67 10130 4
NAME OF DE					AND HOUR OF DEATH	
Type or Print)	BARY BOY CUR	RV		10-9.	67, 7 AM	
	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W	here deceased lived. Il is	nstitution: residence before admission
				A. STATE B. COL	YTNI	
FULL NAME		ar institution, p	give street	MARY LAND		
INSTITUTION	oddless of idealia	"		C. CITY OR TOWN (IF		RURAL ond give township)
LUTHERM	N HOSPITAL OF	MARYL	RNA	BALTIMORE		10-10
					If rural, give lacation)	
					FIELD AVEN	
SEX	6. RACE		NEVER MARRIED  DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
MALE	C	-	-	10-7-67.		3 dorys
	UPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
ane during mast o	working lire, even is retired)			LUTHERAN HOSP	ITAL OF MARY	AU.S.A
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	LAND.	12 0 3 h
					The second	
	R CURRY			LILA		
5. Was Decease Tes, no ar unknow	d Ever in U. S. Armed For n)(II yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18.	1.7.		CAUSE O	DEATH		INTERVAL BÊTWEEN
DISEA	SE OR CONDITION DIE	ECTI Y				ONSET AND DEATH
	LEADING TO DEATH			PREMATUAR	17 V	
(This does	nal mean the made of	dying, e.g.,	DUE TO			
	, asthenia, etc. It means mplicotian which coused					
111(0.7) 0. 00	ANTECEDENT CAUSES	00011101	(B)			
			DUE TO	00 00 00 00 00 00 00 00 00 00 00 00 00		
	OR CONDITIONS, if is above cause (A)		(5)			
	G CONDITION lost.	Jiving inc	( )			
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	IFICANT CONDITIONS C					
DISEASE OF	CONDITION CAUSING I		E	4		
19A. DATE O	F OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE O	WAS PERI	OKWED			IN CERTIFIED CA	USES OF DEATH!
U 21A. ACCIDI	INT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., in	ar obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exact lacotion)
	UTING CAUSE OF y medical exominer)	hom etc.	e, lorm, tactary, street, al	ice oldg., INJURT OCCUR?		
21 D. TIME	(Manth) (Day) (Year)	(Hour) Dan	INJURY OCCURRED	215 110111 217 11	IIIIay Occups	
OF INJURY	(Widnin) (Day) (Tear)			21 F. HOW DID II	AJORT OCCOR!	
(APPROX)		Wo				
22. I certify	y that (1) (this hospital	) attended ti	ne deceased from	0-7-	19 <u>67</u> ta	10-9-1967
	) last saw the decease		3.			nian death accurred an the da
						man death accurred an the do
		ed abave. (I	) (We) (did) (did nat) v	iew the bady after death	1.	
23A. SIGN AT	URE					23B. DATE SIGNED
1 5	HankemB. P.	Mai	M.D. Atte	nding Med. Director	Phy s.	10-9-67
23C. PHYSICI		150		3D. ADDRESS		
NAME (	-	bul n	/ M.D.	1 UTIMARARA	HUSBIAND DO	FO MARMANDA
4A. BURIAL CR	THANKAM B	PILLA	ME of CEMETERY of CRE	AMAIOSY AMAIOSY	OF BUABU	IL WARATAIA
REMOVAL	(Specify)	/ 24C.N/	TANKE OF CENTELEKT OF CKE	TIALLY DO	LOCATION (C	ity, town, or county) (State)
	10/19	167		UNIVERS	IIY MEDIC	LAL SCHUUL
SA. DATE REC'I	BY HEALTH DEPT.	25B NAME C	OF REGISTRAR	25C. FUNERAL DIRECT	PR DAY	ADDRESS
	OCT 2.4 1967	DOB	Q 700 42	ALOK I O	AKY SERVI	CF BCHB
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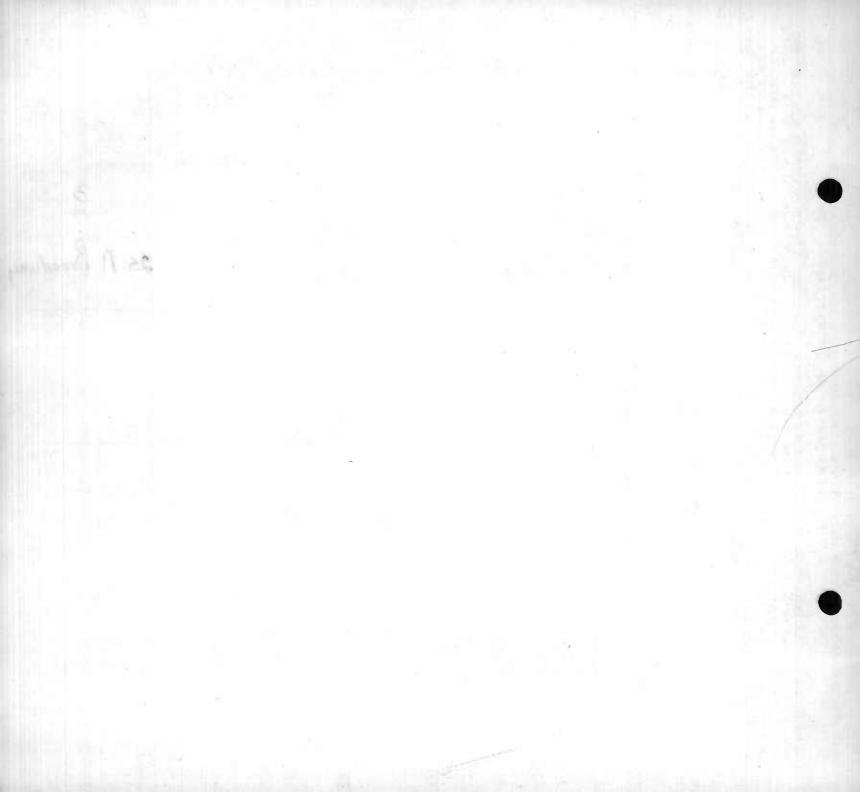
and the state of the same 1000 a way TIMETURITY e makerpude landing Dring King LANSER Comme Commence







	0.7	BALTIMORE CITY			OP IDIAL
		10135 CERTIFICA	TE OF DEATH	Registered No	67 11135
N.E. CA	ASE NO.			ID HOUR OF DEATH	
	Print) Rahi Prod	Barnes MAN	1	Alelan	10.1200
. PLAC	CE OF DEATH IN BALTIMORE, MARYLA	ND TO	4. USUAL RESIDENCE (Whe	re deceosed lived. If in	stitution: residence before admission
			A. STATE B. COUN	O M	1.
	NAME OF (If not in hospital or in: PITAL OR oddress or location)	stitution, give street	Md.	BaHo. (	747
	ITIITION	17 -			RURAY and give township
	o Voiv. of Me	1. Hosp.	D. STREET ADDRESS (IF		6-00
. 1	3 X		0-110	rurol, give location)	
	, 0			roadvay	
SEX		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years)	Months Days Hours Min.
1	Megro Y	never married	10/3/67		3 4
	UAL OCCUPATION (Give Wind of work 108, ring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
0110	mig most of working the, even it terred?		Md.		VSA
3. FATI	HER'S NAME		14. MOTHER'S MAIDEN NA	ME	1 0
1	1		M D.	0.0	arn K
5 14	LOVIS Crawle	SN IV 105:::	Mary Da	Mes	25 11. 1) roadu
Yes, no	Occeosed Ever in U. S. Armed Forces? or unknown) (If yes, give wor or dates of	Security No.	17. INFORMANT		ADDRESS
	10				
18.		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECT	LY	1 1		ONSET AND DEATH
	LEADING TO DEATH	(a) Im	maturity		3 ms - 4 may
	iis does nat mean the made of dyir oit foilure, asthenia, etc. It means the				
	uly or complication which coused dea				
	ANTECEDENT CAUSES	(8)		~ 0 T ~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DIS	SEASES OR CONDITIONS, if any,	DUE TO			
rise	e la lhe above cause (A) slot		MP-0		
UN	IDERLYING CONDITION Iosi.				
7	II II	41	and the latest terminal		
≝   TO	THER SIGNIFICANT CONDITIONS CONT THE DEATH BUT NOT RELATED	TO THE			
V DIS	SEASE OR CONDITION CAUSING IT.		TODA ALIZABANAN ALI	300 te vec 11155	THOUSE CONC.
E IVA	DATE OF OPERATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY2 V or No	IN CERTIFYING CA	USES OF DEATH?
W 21.4	ACCIDENT WAS UNDERLYING	OLD BLACE OF INITIAL'	NO	(If '= B-1s'	City day and the day
OR	CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	ffice bldg., INJURY OCCUR?	tit in Bolhmore	City, give exact location)
< DE A	ATM (askin and ask ask ask	etc.)			
	ATH (notify medical examiner)				
0 210	D. TIME (Month) (Doy) (Yeor) (He	out) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21D OF		Out) 21E INJURY OCCURRED While AI Not Whil	• 🗆	URY OCCUR?	
OF (AP	D. TIME (Month) (Doy) (Yeo) (H. PPROX.)	Out) 21E INJURY OCCURRED While At Work Not While At Work	•		
21D OF (AP	D. TIME (Month) (Doy) (Yeot) (H. INJURY) PROX.)  I certify that (1) (this hospita) of	While AI Not While At Work	26 pm 10/5	19.60 to 6'-2	
21 D OF (AP 22. tho	O. TIME (Month) (Doy) (Year) (H. INJURY) PPROX.)  I certify that (I) (Lis hospita) off (I) (We) lost sow the deceased of	While At North Work  Not While At Work  tended the deceased from S. ive on	26 pm 10/5	19.60 to 6'-2	
21D OF (AP 22. tho	O. TIME (Month) (Doy) (Yeal) (His No Spital) of (1) (No Spital) of (1)	While At North Work  Not While At Work  tended the deceased from S. ive on	26 pm 10/5	19.60 to 6'-2	
21D OF (AP 22. tho	O. TIME (Month) (Doy) (Year) (H. INJURY) PPROX.)  I certify that (I) (Lis hospita) off (I) (We) lost sow the deceased of	While At North Work  Not While At Work  tended the deceased from S. ive on	26 pm 10/5	19	
21D OF (AP 22. tho	O. TIME (Month) (Doy) (Yeal) (His No Spital) of (1) (No Spital) of (1)	while AI Not While At Work  tended the deceosed from ive on Whole (did) (did not) v	2 (e p n P) 5  19 (a) ond the view the body ofter death.	19 6 10 10 2 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	nion death accurred on the d
21D OF (AP 22. tho ond 23A	PROX.)  I certify that (1) this hospital of the triangle of triang	while AI Not While At Work  Not While AI Not Work  tended the deceosed from Not Work  ive on Not Work  At Work  At Work  A.D. Atte	2 (e p n P) 5  19 (a) ond the view the body ofter death.	19	nion deoth occurred on the d
21D OF (AP 22. tho ond 23A	D. TIME (Month) (Doy) (Yeot) (H. INJURY) PPROX.)  I certify that (I) (this hospital) at the course stated of the c	while AI Not While At Work  tended the deceosed from Sive on Obove. (I) (We) (did) (did not) v	2 (2 p 40 P) 5  19 (2) ond the riew the body ofter death.  anding Med. birector	19 6 10 10 2 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	nion deoth occurred on the d
21D OF (AP 22. tho ond 23A	PROX.)  I certify that (I) (I is hospital) of the till (I)	while AI Not While At Work  Not While AI Work  Itended the deceosed from Not While AI Work  Not While AI Work  Itended the deceosed from Not While AI Work  Not While AI Work  No. Attention AI Attention	20 pm 195  19 ond the riew the body ofter death.  ending Director D  23D. ADDRESS	ot in (my) (our) opin	238. DATE SIGNED    STATE SIGNED   S
21D OF (AP 22. tho ond 23A 23C	PROX.)  I certify that (1) this hospital of the triangle of triang	while AI Not While At Work  tended the deceosed from Sive on Obove. (I) (We) (did) (did not) v	20 pm 195  19 ond the riew the body ofter death.  ending Director D  23D. ADDRESS	19 6 10 10 2 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	238. DATE SIGNED    STATE SIGNED   S
21D OF (AP 22. tho ond 23A 23C	D. TIME (Month) (Doy) (Yeot) (H. INJURY) PPROX.)  I certify that (I) (Lis hospita) off (I) (We) lost sow the deceased of the course stated of the course sta	while AI Not While At Work  Not While AI Work  Itended the deceosed from Not While AI Work  Not While AI Work  Itended the deceosed from Not While AI Work  Not While AI Work  No. Attention AI Attention	ending Med. Director D  23D. ADDRESS  EMATORY  PORTS  PORT	Stoff Phys. Ci	238. DATE SIGNED    STATE SIGNED   S
22. tho ond 23A	D. TIME (Month) (Doy) (Yeot) (HINJURY) PPROX.)  I certify that (I) (Lis hospita) off (I) (We) lost sow the deceased of the dec	while AI Not While At Work  Not While AI Work  Itended the deceosed from Not While AI Work  Not While AI Work  Itended the deceosed from Not While AI Work  Not While AI Work  No. Attention AI Attention	20 p.m. 19. ond the view the body ofter deoth.  and many Med. Director 23D. ADDRESS  EMATORY 24D. L  25C. FUNERAL DIRECTOR	Stoff Phys. Cartion (Ci	238. DATE SIGNED  STARY AND  STORY COUNTY (State)  CAL SCHOOL  ADDRESS
21D OF (AP 22. tho ond 23A 23C	D. TIME (Month) (Doy) (Yeot) (HINJURY) PPROX.)  I certify that (I) (Lis hospita) off (I) (We) lost sow the deceased of the dec	while AI Not While At Work  lended the deceosed from Sive on Obove. (1) (We) (did) (did not) v  M.D. Atte	20 p.m. 19. ond the view the body ofter deoth.  and many Med. Director 23D. ADDRESS  EMATORY 24D. L  25C. FUNERAL DIRECTOR	Stoff Phys. Ci	238. DATE SIGNED    STARY   AND     CAL SCHOOL  ADDRESS

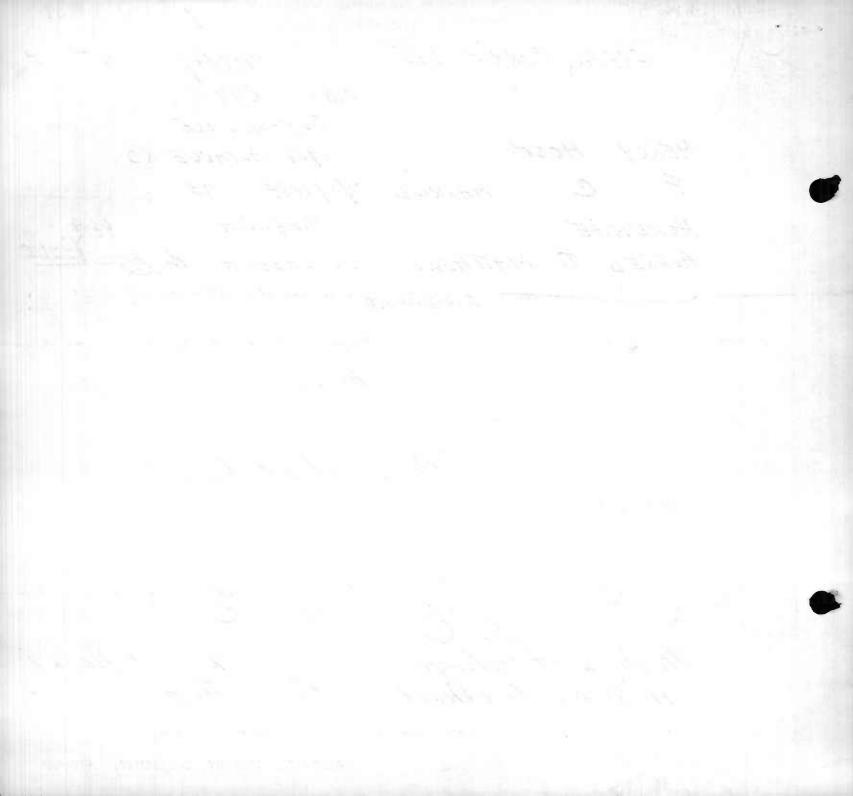


N-160		Y HEALTH DEPARTMENT		67 10136
	10136 CERTIFICA	ATE OF DEATH	Registered Na.	01 10130
1. NAME OF DECEASED	A 1		ID HOUR OF DEATH	
(Tyre Print) / DSE	NAPARA		10.22.6	571
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (When	re deceased lived. If in:	M.
FIRE MANE OF A STATE OF THE STA		A. STATE B. COUN	TY	
FULL NAME OF (If not in haspital or ins	stitulian, give street	C. CITY OR TOWN III aut	ND	
INSTITUTION	A	BAITIN	A A A	URAL and give township
00219 Cals	ATE AVE.	D. STREET ADDRESS (III	rural, give location)	101
00		520 S	MAD	= IDA ST
5. SEX   6. RACE   7. A	AARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 You I wow of the
FEMALE INHITE	WIDOWED, DIVORCED (specify)	4-10-1896	last birthday)	Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of farei	gn country)	12. CITIZEN OF
dane during most of working lite, even if retired)		0.1.1.		WHAT COUNTRY?
HOMEMARER		FOLAND		11.5.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE J	
JOHN LACHO	owsk,	MARYANN	1	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war ar dates af	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS /
1/1	218.05.9041	MPS CENEVIL	EVE Spick	A PALSIEAD
18. 0 6 C X I	CAUSE	OF DEATH	- VZ OFFICE	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTI	LY Of . he	8 1		ONSET AND DEATH
LEADING TO DEATH	Chunell	w moncery	Edenie	
(This does not mean the made of dyin	ng, e.g., DUE TO			
hearl lailure, asthenia, etc. It means the injury ar camplication which caused deal	ih.)	7.1	10'0	
ANTECEDENT CAUSES	(B) DUE TO	nysun pea	of Tail	<u></u>
DISEASES OR CONDITIONS, if any,		0		100
rise la lhe abave cause (A) slati UNDERLYING CONDITION last.	ing the (C)	howensen		
ONDERENNO CONDITION IGS.		efelly me	elliling	
O OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 19B. CONDITIO	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	) 20B. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	(ED		IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID	(If in Boltimore	City, give exoct lacotion)
OR CONTRIBUTING CAUSE OF  DEATH (natify medical examine)	etc.)	office bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (Ho	out) 21E. INJURY OCCURRED	21F. HOW DID INJI	LIBY OCCUP?	
OF INJURY	While At Not Whi		OKI OCCOK:	
(APPROX.)	Wark At Work			
22. I certify that (I) (this hespital) att	ended the deceased fram	Jan. Br 1	1966 to O	CA, 949 1967.
that (1) (ye) last saw the deceased al	ive an Oct 19	1967 and the	at in (my) (aur) apin	ian death accurred on the date
ond haur and from the causes stated a	bove. (1) (We) (did) (did not)			
23A SIGNATURE				23B, DATE SIGNED
Lewyn (Xa	M.D. At	tending Med. Director	Stofl	10-20-67
CZ3C. PHYSICIAN'S	1	23D. ADDRESS	Phys.	1000
NAME (Type)	W.D.		A	
Benigno R. Lazaro	M.D.	) Dundain.		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CE	24D. LO	OCATION (Cit	y, town, or county) (State)
BURIAL 10-23.6;	7.ST. STANISKA	US EMETERY /	BALTIMOK	E MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	250 FUNERAL DIRECTOR	11	. ADDRESS
061 24 1967 Oblee 5	E, FarbeyMA	KAYMOND L.	KACZARAL	ISK, 2525 FLEET J
VS 150-REV. 1/1/65	7		1-11-11-11-11	

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KAMINIA K. KHEZENDUSKI ZSZSPYZEN

G-650 00	BALTIMORE CIT	Y HEALTH DEPARTMENT	67 10137
BIKIN NO.	CERTIFICA	TE OF DEATH Registered No.	
M.E. CASE NO.  1, NAME OF DECEASED (Type or Print)	-0- 1-1	2. DATE AND HOUR OF DEAT	H ,, 20
	RRIE LEE	10/19/67	11-
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY -	institution: residence before admission
FULL NAME OF (If not in hospital or in oddress or location)	stitution, give street	MO. CITY	BallsCo
INSTITUTION		C. CITY OR TOWN (If outside city limits, writ	e RURAL ond give township)
11	1	D. STREET ADDRESS (If rurol, give location)	93-00
MERCY HOST	7	1926 ALTAVUE	- RD.
5. SEX F 6. RACE C 7. N	MARRIED, NEVER MARRIEDS	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
lone during most of working life, even if retired)	-	VIRGINIA	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	YOUNG
ALFREN T. A	1ATT HEWS	ELIZABETH PA	of the Thomas
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of	219-34-4180	Dr. J. Leas Green (Husban	
18.4.0011		DF DEATH	Catonsville, Md
DISEASE OR CONDITION DIRECT	LY	4.	ONSET AND DEATH
LEADING TO DEATH	(A)	Myscardial lufa	colon 16 da
(This does not mean the mode of dyin heart foilure, asthenia, etc. It means the			
injury ar complication which coused dea		ASCUD	Years
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if ony, rise to the obave couse (A) stol			
UNDERLYING CONDITION lost.	(0)		
7	12.2	2	
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED		in Chaplingani	
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	LE FINDINGS CONSIDERED
9/28/67 WAS PERFORM	Chale li Duas	IN CERTIFYING	AUSEY OF BEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INTERPLE		note City, give exoct location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year) (Ha	our 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	White At Not Wh	ile 🗆	
22. I certify that (1) (this hospital) of	tended the deceased fram	1/25 1967 10	10/19 196
that (1) (we) lost sow the deceased of	10116	19 67 and that in (my) (aur) a	pinlan death accurred on the
and haur and from the causes stoted o	bave (I) (We) (did) (did not)		
23A. SIGNATURE			23B. DATE SIGNED
1h. missing		tending Med. Stoff Phys.	10/20/67
23C. PHYSICIAN'S	e di	23D. ADDRESS	
NAME (Type) SUSAN &	DUENGERMO	Thuce Hop	7
44. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, Iown, or county) (State
Burial Oct. 23, 190	67 Liberty Cemeter	Parksley, Vi	rginia
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
UUT 24 1967 Rabe & 8	. Farberma	HOLLOWAY & COMPANY, SAL	ISBURY, MARYLAND
/S 150-REV. 1/1/65			



IMPORTA

DIRECTOR:

FUNERAL

wilson Funeral Home

V.S. 153 11-3-67 M.H.

All representations

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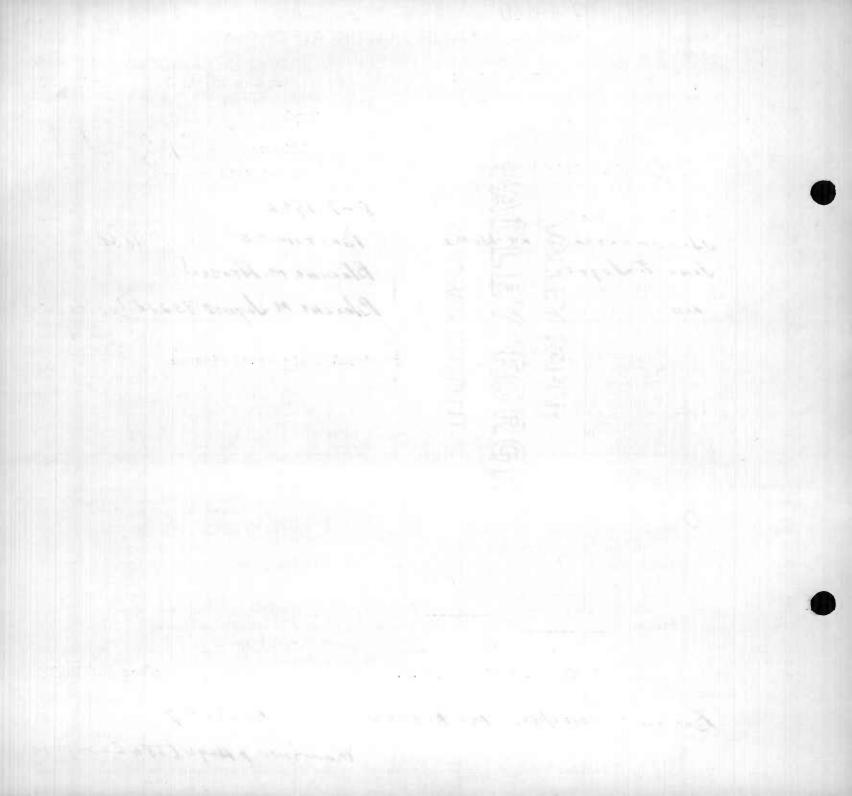
The World

67 10140 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered

F	DEATH	Registered	Na	67	10140

BIRTH NO.	MEDICAL EX	AMIINER 3 C	EKTIFICA	LE OL I	JEA I T Registe	red Nd.	
M.E. CASE NO.							
1. NAME OF DECEASED	MAMIE €. JO	YNES			er 20, 1967		5:55 A.
3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONO	JNCED DEAD	4. USUAL RESIL	DENCE (Where	deceased lived. If inst	itution: resid	ence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS CINSTITUTION	HOSPITAL OR INSTITU OR LOCATION)	JTION, GIVE STREET	C. CITY OR TO		corporate limits, write		d give township)
O O 3321 Do:	lfield Avenu	ie	D. STREET ADD		give locotion) ield Avenue	7	
5. SEX 6. RACE	WIDO WED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	rH	9. AGE (In years lost birthday)	If Under	Yr. If Under 24 Hrs.
Female Neg: 10A. USUAL OCCUPATION (Give kildone during most of working life, even i	retired) KIND OF		Y 11. BIRTHPLACE		,	12. CITIZEI WHAT	COUNTRY?
13. FATHER'S NAME JOHN T- JOYN			14. MOTHER'S A		11	-00	
15. WAS DECEASED EVER IN U.S. (Yes, no or unknown) (If yes, give wo		16. SOCIAL SECURITY NO.	17. INFORMANT		14NOS 33 2	ADDRESS	AEIEID DOI
DISEASE OR CONDITION  (This does not meon the theort foilure, osthenio, etc., injury or complication which  ANTECEDENT  DISEASES OR CONDITION RISE TO THE ABOVE CAUS UNDERLYING CONDITION  OTHER SIGNIFICANT CONITION TO THE DEATH BUT INDISEASE OR CONDITION 19A, DATE OF OPERATION 1	DEATH mode of dying e.g., it meons the disease, coused death.)  CAUSES NS, IF ANY, GIVING E (A) STATING THE I LAST.  DITIONS CONTRIBUTION	(A) Art. DUE TO  (B) DUE TO  (C)	eriosclero	otic hea	rt disease		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION C	AUSING IT.  PB. CONDITION FOR VAS PERFORMED	WHICH OPERATION			20B. IF YES, WERE FI		
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or about 21C. office bidg., INJUR	WHERE DID (	If in Boltimore City, gi	ve exoct loc	cotion)
21D TIME (Month) (Doy OF INJURY (APPROX.)		VHILE AT NOT NOT NOT NOT	21F. H	DUNI DID WO	RY OCCUR?		
I certify that I held	1777				s basis, death In n		
ACTUAL SIGNATURE EXAMINER'S Chai		mgate, M.D.		MEDICAL EX	AMINERX		DATE SIGNED 20, 1967
NAME (Type)  23A. BURIAL CREMATION, 23B. ( REMOVAL (Specify)		C. NAME OF CEMETERY	or CREMATORY	23 <b>D.</b> LC		, town, or co	ounty) (Stote)
24A, DATE REC'D BY HEALTH DE OCJ 2 4 191		OF REGISTRAR	m en	AL DIRECTOR	p Hogy 6:	38N6	DDRESS 12 mon St
VS 151-REV. 1/1/65	1 77 7	CONTRACTOR OF THE PARTY OF THE					



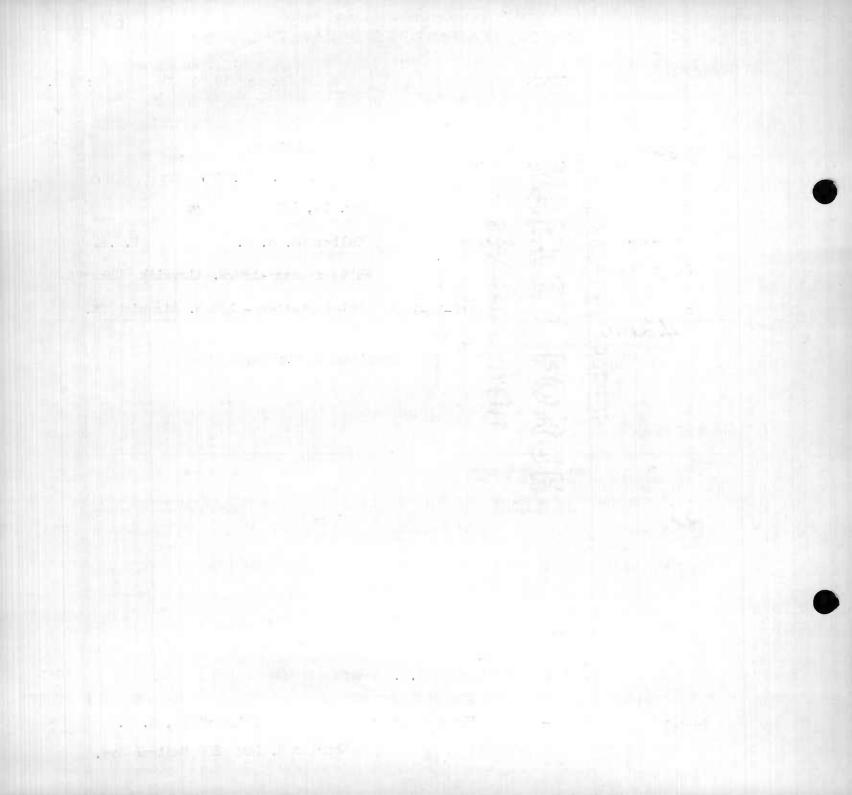
BRTH NO. 67 10	BALTIMORE CITY	Y HEALTH DEPARTMENT		67 101 41
	CERTIFICA	TE OF DEATH	Registered No	07 10141
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print)	STEPHEN	15 10	- 22 - 67	111301
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	. Of chiles	4. USUAL RESIDENCE (When	e deceased lived. I inst	itution; residence before admi
TOTAL PARTICIPATION FOR THE PARTY OF THE		A. STATE B. COUN	TY	
FULL NAME OF (If not in hospital or institu	tion, give street			
INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RU	JRAL and give township)
00				0
1213 POPLAR GA	DOUE St		rural, give location)	in cot
			LA GROU	
5. SEX 6. RACE 7. MAR	RRIED, NEVER MARRIED OWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 2 Months: Doys Hours
M (20/		9-17-1901	60	
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF
done during most of working life, even if retired)	000.15 1 -1	1	-lorior	WHAT COUNTRY?
	RPRISE FUEL		,	U. V4.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	A E	
VACK SIEPHER	VS	Clarenon		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (II yes, give wor or dotes of sen	vice) SECURITY NO.	-R pt		
NO	215-03-1393	NEUCEN S/ET	OHEMS	
1B. 15/X I	CAUSE	OF DEATH		ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	/	- 1	+ 1	00 40
LEADING TO DEATH	(A)	our of	Munech	almy 8 m
(This does not mean the mode of dying, heart failure, osthenio, etc. It means the dis		/		
injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B)	***************************************		
DISEASES OR CONDITIONS, if any, g	_			
rise la lhe obove cause (A) slating UNDERLYING CONDITION last.	The (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIB	IITING			
TO THE DEATH BUT NOT RELATED TO	THE C			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES WERE EN	NDINGS CONSIDERED
19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED		The rest of the	IN CERTIFYING CAU	SES OF DEATH?
E 27A- ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	in or about 21C WHERE DID	(If in Polisioners	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	office bldg., INJURY OCCUR?	an in sommote	, g ve exoct locoson/
U	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not Whi			
00 1 1 1 1 1 1 1 1 1 1 1		A	./ >	n 4
22. I certify that (I) (this hospital) attend	00,121		9 <u>4 7</u> to	Cect 22 19 6
that (I) (we) last saw the deceased alive	on (21/2)	19 67 ond the	ot In(my) (our) opini	an death occurred on t
and have and from the causes stated abo	ve (I) (We) (did) (dld not)	view the body after death.		
23A. SIGNATURE				23B. DATE SIGNED
dance for		ending Med.	Stoff Phys	10/23/67
25C. PHYSICIAN'S	en, and Phy	23D. ADDRESS	Phys.	
NAME (Type)		12 - 10	1.2. 22	
Lucius wike	eper M.D.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 =	
24A. BURIAL CREMATION, 248. DATE 2	4C. NAME OF CEMETERY OF CR	EMATORY 24D, LO		, town, or county) (S
BURIAZ 10/26/67	ARBUTUSN	18m PK 13	crom):	2,227
25A. DATE REC'D BY HEALTH DEPLANT 255 NA		25C. FUNERAL DIRECTOR		
BET & 4 1967 (72.2	Les DE REGISTRATE	men how	2 Llown L38	n GIL mes S
994 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		menon	Taril Bar	), 6
'S 150-REV. 1/1/65			7	

Committee of the second and the second second F 1/164/31 Russing contemps of the Storman & Red.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

RES PRINTERS 9 - 50 1 - 6 - 15 STATE OF EAST CARRIED FORTE Mr. 21 Train 5637 Mary James to Bunderscharge College ... March , 4 stay Collect Charles Colored to the said of the colored to the colored South The Market Land Comment From the Comment of t



			ALTIMORE CITY HEAL		IT TE OF DEATH Reg	67	10144
BIRTH NO.	MEDI	CALEX	MINITALK 3 C	LKIIICAI	IL OF DEATH REG	JISTETEG NG	
1. NAME OF DE	CEASED EDWA	ARD PR	OTHER PRATH	ER	2. DATE AND HOUR PRONO October 20, 19	967	3:00 A.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITU		C. CITY OR TOV	ENCE (Where deceosed lived, I aryland  WN (If outside corporate limits, altimore RESS (If rurol, give location)	write RURAL ond	
5. SEX Male	6. RACE	WIDO WED,	NEVER MARRIED DIVORCED(specily)	#?\$ 3	7 = 7 0 0 63	62 Months D	Yr. If Under 24 H
done during most of Labor		10B, KIND OF	BUSINESS OR INDUSTRY	Georgi	a	U.S	OF COUNTRY?
13. FATHER'S NAM Unkr	·			Texas	AIDEN NAME		
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO. 217-01-521	4Carrie	Hargrave 424	W. Camd	en St.
18.	ISE OR CONDITION DI LEADING TO DEATH not meon the mode of r, osthenio, etc. It meons implication which caused		CAUSE Hypert	of DEATH	d arteriosclero	tic	NTERVAL BETWEEN ONSET AND DEATI
DISEASES RISE TO TH	ANTECEDENT CAUSES OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING	(B) DUE TO				
O THE	II SNIFICANT CONDITIONS DEATH BUT NOT REI DR CONDITION CAUSING	ATED TO TH					
19A. DATE O	F OPERATION 198, CON	DITION FOR V				CAUSES OF DEA	TH?
UNDERLYING DEAL	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	21B, F home, etc.)	form, foctory, street, o	in or obout 21C. Wiffice bldg., INJURY	WHERE DID (If in Boltimore Ci	ty, give exoct loc	otion)
Z OLD TIME	(4.4 41) (5) 1 (9)	111 1 101	E INITIAN OCCUPATO	015 116	NV NID INTURY OCCUPA		

OF INJURY (APPROX.) 22, I certify that I held on Inquiry resulted fram: Natural causes X

Inspection X Autopsy

Accident

Suicide

and that on this basis, death in my opinion Homicide

Undetermined manner CHIEF MEDICAL EXAMINER

(City, town, or county)

ACTUAL SIGNATURE Charles S. Springate, M.D. EXAMINER'S

M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

October 20, 1967

NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify) Burial

23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 10/26/67 Mt. Calvery

23D. LOCATION Brooklyn, Maryland

ADDRESS

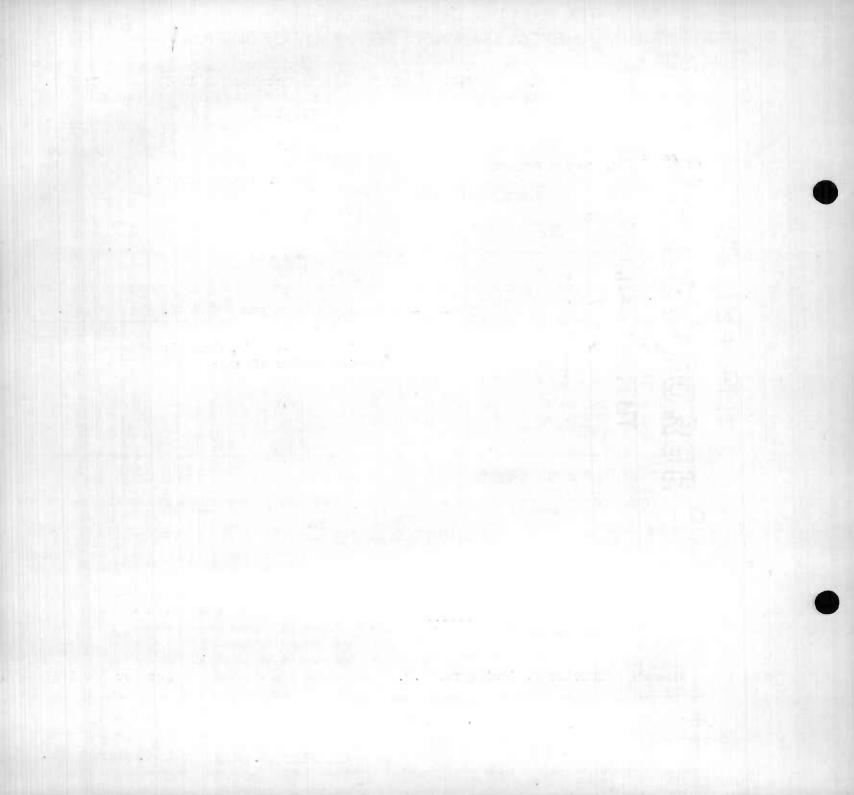
(Stote)

DATE SIGNED

24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR

Chardes A. Rice 661 W. Barre St.

VS 151-REV. 1/1/65

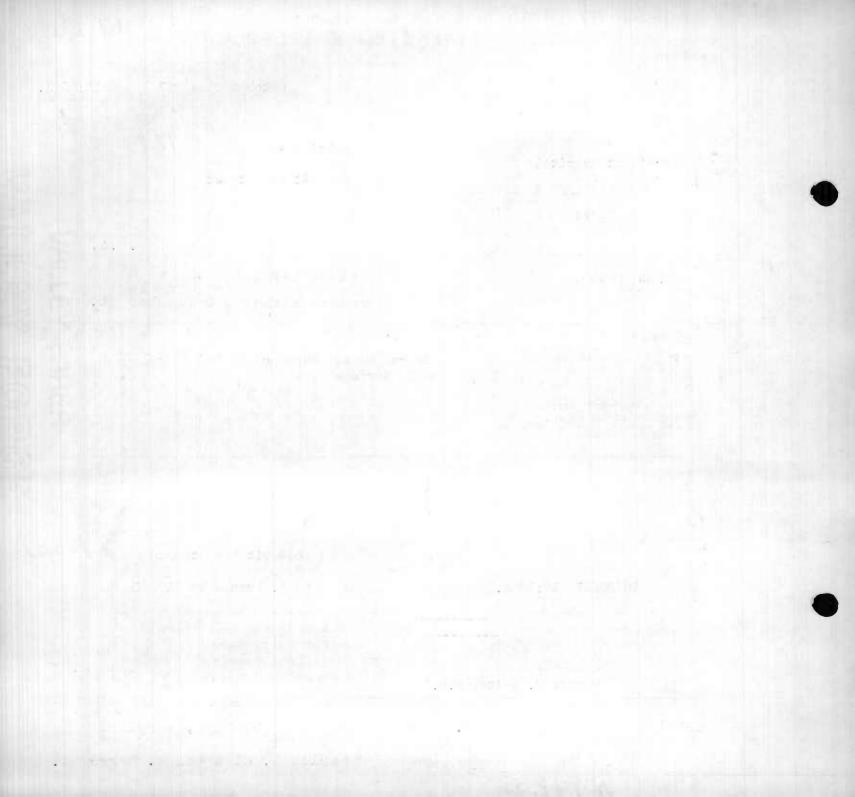


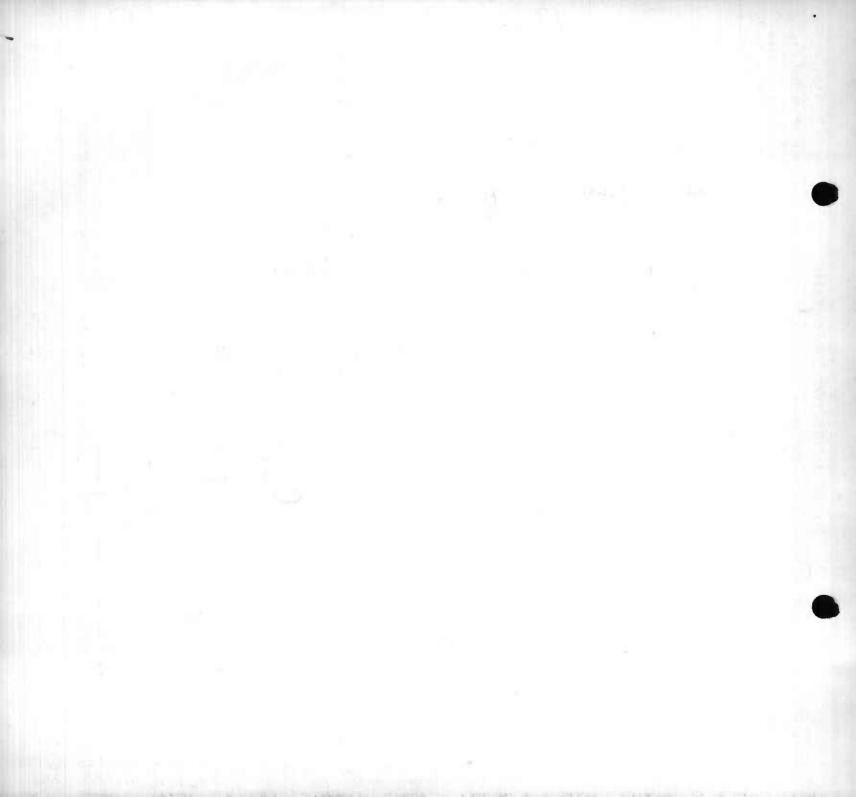
VS 151-REV. 1/1/65

N948.2

BIRTH NO.	MEDICAL EXAMINER	CERTIFICATE OF	F DEATH Registered N
M.E. CASE NO.			
1 NIAME OF DECEMEED			

NAME OF DEC	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
VICTO			HOWARD			er 21, 196		11:45 A.M.
PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE		ceased lived. If inst		dence bafore admission
LL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET		WN (If outside	corporate limits, write	RURAL	and give township)
9 Provident Hospital			D. STREET ADDRESS (If rurol, give location) 640 Pitcher Street					
Male	6. RACE Negro	WIDO WED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTI	Н	9. AGE (In years lost birthday)	If Unde Months	Doys Hours Min.
. USUAL OCCU e during most of v	JPATION (Give kind of work working life, even if retired)		BUSINESS OR INDUSTRY	Maryla:	(State or foreign	country)		EN OF
ATHER'S NAM				14. MOTHER'S M				
	s Ratley		13 / 50 61 41	Palace	Davis			
	Of EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	Palace	Ratley	640 Pit	cher	
(This does no heart failure,	SE OR CONDITION DIL LEADING TO DEATH not mean the mode of asthenia, etc. It means policating, which caused	dying, e.g.,	(A) Second	Degree Burface	urns of	50% of Body	У	INTERVAL BETWEEN ONSET AND DEATH
(This does in heart failure, injury or core injury	LEADING TO DEATH not meen the mode of osthenio, etc. It meens mplication which caused of NATECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REL	dying, e.g., the discose, deoth.)  NY, GIVING TATING THE  CONTRIBUTIN	(A) Second  (B)  DUE TO  (C)	Degree B	urns of	50% of Body	<b>Y</b>	
(This does the off follows, injury or condition of the co	LEADING TO DEATH not mean the mode of osthenio, etc. It means mplication which caused of NATECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST.  III NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	dying, e.g., the discose, deoth.)  NY, GIVING TATING THE  CONTRIBUTING ATED TO T	(A) Second  (B)  DUE TO  (C)	Degree Burface	7 (Yes or No) [20	50% of Body	NDINGS (	ONSET AND DEATH
(This does the off follows, injury or continue, injury or continue	LEADING TO DEATH not meen the mode of osthenio, etc. It meens mplication which caused of NNTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OPERATION 198, CON	dying, e.g., the discose, death.)  NY, GIVING TATING THE  CONTRIBUTIN ATED TO T IT. DITION FOR V FORMED  218. home etc.)	(A) Second XXXXX St  (B) DUE TO  (C)	Degree Brurface	? (Yes or No) 20 IN O VHERE DID (If	IB. IF YES, WERE FII CERTIFYING CAU: in Boltimore City, gi	NDINGS ( SES OF DI	ONSET AND DEATH
(This does the of foilure, injury or core injury (Approx.)	LEADING TO DEATH not mean the mode of osthenio, etc. It means mplication which caused of NATECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OPERATION 19B, CON WAS PERI L CAUSE WAS SE OF DEATH.  (Month) (Doy) (Year	dying, e.g., the discose, death.)  NY, GIVING TATING THE  CONTRIBUTIN ATED TO T IT. DITION FOR V FORMED  218. home etc.)	(A) Second  XXXXX SI  (B)  DUE TO  (C)  NG  HE  WHICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street, of the things	Degree Brurface    20 A. AUTOPSY   No. or obout 21C, Wiffice bldg., INJURY 21F, HC	? (Yes or No) 20 O WHERE DID (If OCCUR? 640 Pit	IB. IF YES, WERE FII CERTIFYING CAU: in Boltimore City, gi	NDINGS ( SES OF DI  Ve exoci I	CONSIDERED COCOTION)
(This does the off follure, injury or continue, injury of the continue, injury or cont	LEADING TO DEATH not mean the mode of ostherio, etc. It means mplication which coused antecepent CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST ING CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OPERATION 198, CON WAS PERF L CAUSE WAS AOR CONTRIB- SE OF DEATH.  (Month) (Doy) (Year 10/20/67 10  rify that I held an Inted from: Natural causes  URE LER'S Harner	dying, e.g., the discose, deoth.)  NY, GIVING TATING THE  CONTRIBUTING ATED TO T  IT.  DITION FOR TORMED  218. home etc.)  (Hour)  218. conquiry  inquiry  inquiry	(A) Second  XXXXX St  (B)  DUE TO  (C)	Degree Brurface  20A, AUTOPSY No or obout 21C, Wiffice bidgs, INJURY ORK  VHILEXX ORK Hamlei	? (Yes or No) 20 IN OVER PLOT OF THE PROPERTY	ob. IF YES, WERE FILE CERTIFYING CAU: in Boltimore City, gi cher Street y occur? rned by fin basis, death in m determined manner MINER  MINER	NDINGS (SES OF DIVE exoct I t	CONSIDERED CATH?
(This does in heart foilure, in heart foilure or the control of th	LEADING TO DEATH not mean the mode of ostherio, etc. It means mplicotion which coused of NATECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OPERATION 198, CON WAS PERI L CAUSE WAS SOR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeor 10/20/67 10  Tify that I held an litted fram: Natural cou- LURE LURE LURE LURE LURE WETNET	dying, e.g., the discose, deoth.)  NY, GIVING THE  CONTRIBUTINATED TO	(A) Second  XXXXX St  (B)  DUE TO  (C)	Degree Brurface  20A. AUTOPSY Non or obout 21C. Wifice bidg., INJURY 21F. HG WHILEXX DRY CHIEF MI ASSISTANT MI ASSOCIATE M	? (Yes or No) 20 IN OVER PLOT OF THE PROPERTY	ob. IF YES, WERE FILE CERTIFYING CAUSE IN Boltimore City, git cher Street YOCCUR?  rned by find basis, death in madetermined manner MINER MINER MINER MINER MINER	NDINGS (SES OF DIVE exoct I t	CONSIDERED EATH?  cocotion)  home  DATE SIGNED

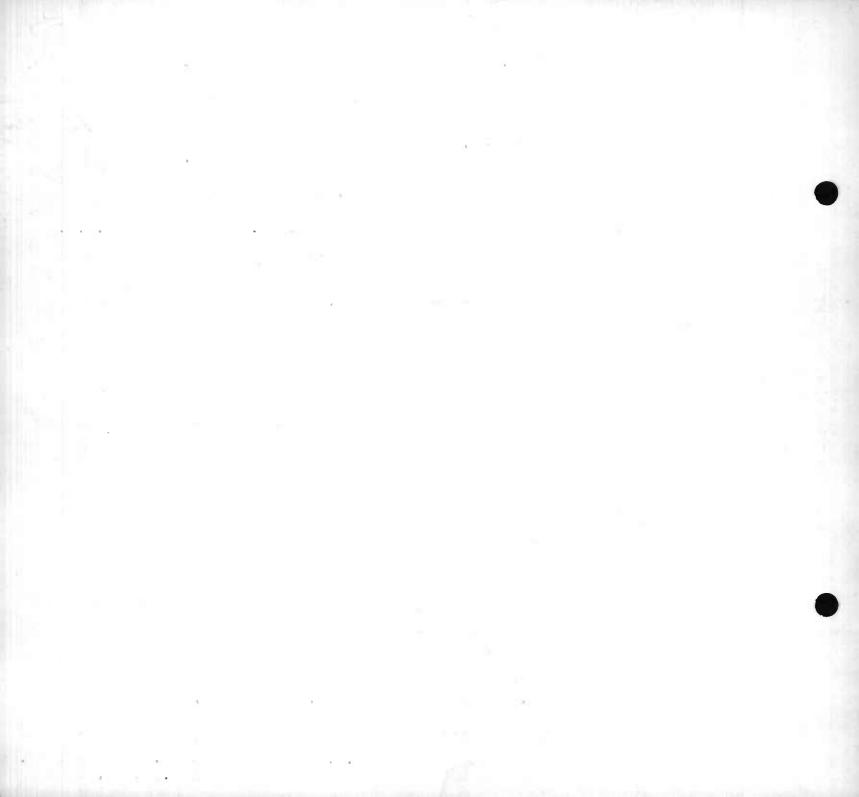




VS 150-REV. 1/1/65

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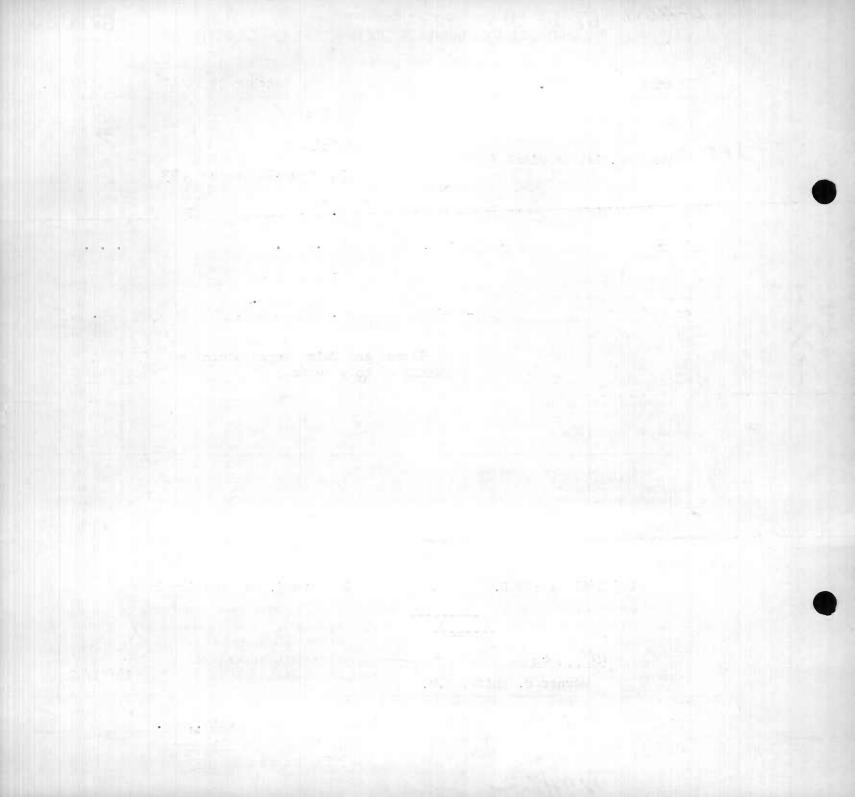
X-5	10 0	BALTIMORE CIT	Y HEALTH DEPARTMENT	67 10148
BIRTH NO.	0.4	10148 CERTIFICA	TE OF DEATH Register	red No.
N.E. CASE NO	DECEASED		2. DATE AND HOUR OF	DEATH
(Type or Print)	Virgini	la E. Kemp	October 2	3. 1967   8:00 AM
Virginia E. Kemp			4. USUAL RESIDENCE (Where deceased in	3, 1967   8:00 AM
			A. STATE B. COUNTY	
HOSPITAL C	OR oddress or locotio	or institution, give street n)	Maryland c. CITY OF TOWN (If outside city limit	to write PHPAL and give towards.
INSTITUTION	1			s, wille kokat ond give lowbship
	2617 Mary	land Ave	D. STREET ADDRESS (If rurol, give loc	otion)
00	LOLI HALY.	Land Ave.	2617 Maryland Av	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in ye	
म	W	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
-		Widowed 108, KIND OF BUSINESS OR INDUSTR	Jan.4,1884 83	la civiral os
	of working life, even if retired)	IOS. KIND OF BUSINESS OK INDUSTR	it. Biking Ca (Stole of foreign country)	12. CITIZEN OF WHAT COUNTRY?
House	wife	Own Home	Trenton, Md.	U.S.A.
3. FATHER'S N	IAME		14. MOTHER'S MAIDEN NAME	
John	Thomas Marti	in	Penelope Kemp	
5. Wos Deceo:	sed Ever in U. S. Armed Fo	ces? 16. SOCIAL	17. INFORMANT	ADDRESS
Tes, no or unkno	own) (If yes, give wor or dote	s of service) SECURITY NO.	Man a Cana a T	
No		215-07-0119	Mrs.Grace Linsay	(Same)
18.4	20.11	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISE	EASE OR CONDITION DI		99	· A
	LEADING TO DEATH	(A) (A)	ronary Grombo	Us Justaul
heort foilu	s nat mean the made of re, asthenia, etc. It means	the disease,		
	camplication which coused		- P . O .	0 11-121-121
	ANTECEDENT CAUSES	(B) 144	erlensing azako mas	enday 411-65
DISEASES	OR CONDITIONS, if	any, giving	sease & Gen, arter	. 1 1 1 1 1 1 1 1 1
	the above cause (A)	stating the (C)	sease c. Hen, When	Oddars 4-17-64
UNDERLY	ING CONDITION last.	9-13		
z	11			
E TO THE	GNIFICANT CONDITIONS ( DEATH BUT NOT RELA	ONTRIBUTING ATED TO THE		
DISEASE O	OF OPERATION 198, CON	T. DITION FOR WHICH OPERATION	TOO ALLY OR EVE /V No.   20 P. 15 Med	Wast singlings continues
OTHER SIGN TO THE DISEASE OF T	WAS PER		20A. AUTOPSY? (Yes or No.) 20B. IF YES	NERE FINDINGS CONSIDERED
X 214 ACC	DENIE WAS UNDERLYING	215 81 4 65 05 1411184	NO NO	B.12
OR CONTR	DENT WAS UNDERLYING TRIBUTING CAUSE OF	home, form, foctory, street,	in or obout 21C. WHERE DID IIf in office bldg., INJURY OCCUR?	Boltimore City, give exact location)
C DEATH Ino	otify medical examined	etc.1		
21 D. TIME	(Month) (Doy) (Year)	[Hour 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR	?
(APPROX.)		While At Not Wh		
22 1			100	14 87 - 11
	- Control of the Cont	) attended the deceased from	4-17-1964 to	10-23-1967
-		ed alive an 9 - 8	19.6.7and that in(my) (	aur) apinian death accurred an the do
and haur	and from the causes sta	red above. (1) (Her (did) (dident)	view the bady after death.	
23A. SIGN A		10.		23 B. DATE SIGNED
	Tollow To	M.D. At	tending Med. Stoff Phys.	10-94-17
23C.PHYSIC	CIAN'S 10000	The state of the s	23D. ADDRESS	10-01-01
NAME	ElType)	H Given		
44 411-111			3105 N. Charles St	
REMOVA	REMATION, 248. DATE	24C. NAME of CEMETERY or CI	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
Buria		1967 Grace Metho	dist Upperco	Maryland
25A. DATE REC	C'D BY HEALTH DEPT.	258. NAME OF REGISTRAR		s Co. 4905 York Rd.
	OCT 2 5 1967	Robert E. Farberta		
	79:		Ea.	1to 12, Md.



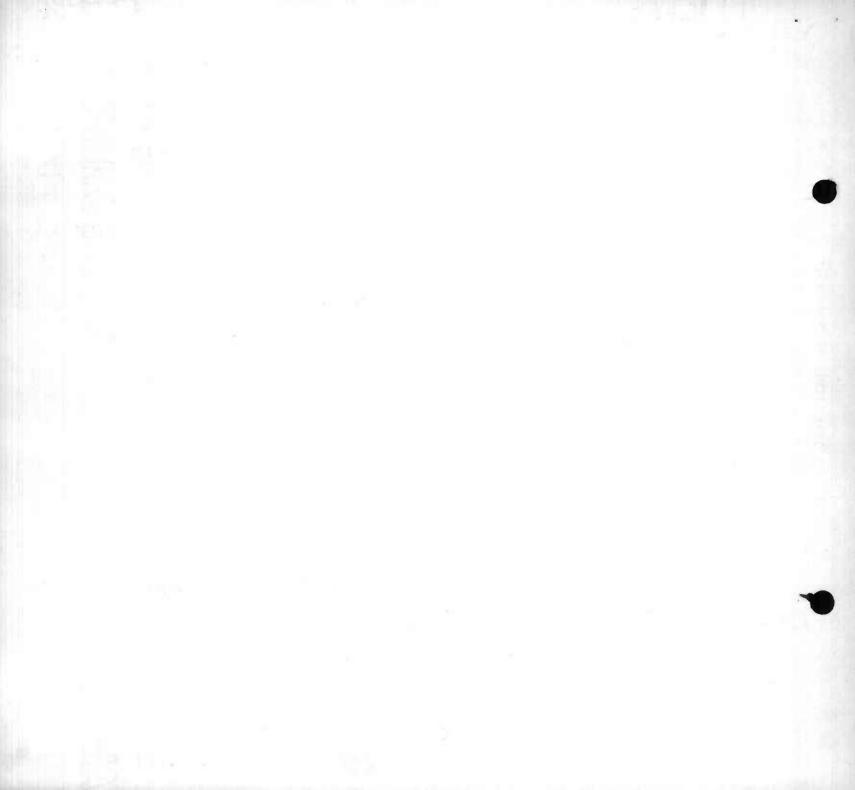
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-355	BALTIMORE CI		67 10149
LE CASE NO.	7 10149 CERTIFIC		
NAME OF DECEASED	TTAT TO IT	2. DATE AND HOUR OF DEAT	. 2 %
GODMAN, V		October 23,	1967 103. a.
FULL NAME OF (If not in hospital or institution, give street oddress or location)  1447 North Kenwood Avenue		Maryland	Balts. Co.
		Bal timore  D. STREET ADDRESS (If rurol, give location)	
Baltimore, Mar		7000 0 11 1	237
emale white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	B. DATE OF BIRTH  9. AGE (In years lost birthday)  Dec. 28, 1906  60 yrs.	onths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of wor one during most of working life, even if refired)		RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ousewife	at home	Baltimore, Md.	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
aymond Sullivan		Ida Mae Mantel	
. Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dote	es of service) SECURITY NO.	(5)	
no	220-18-7263	Edgar W. Godman, husbane	
18. 4-7 × 1	CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	0 0 . 1 6	
LEADING TO DEATH	(A) C	ardio-rush- vascular dises	La Jaco
(This does not mean the made of	dying, e.g., DUE TO		
(This does not mean the made of heart failure, asthenia, etc. It means injury ar camplication which coused	d dying, e.g., DUE TO s The disease,		
heart failure, asthenia, etc. It means injury ar camplication which coused	of dying, e.g., DUE TO define the disease, d deoth.)		
hearl failure, asthenia, etc. It means injury ar camplicotian which coused ANTECEDENT CAUSES	d dying, e.g., DUE TO s the disease, d deoth.)  S (B) DUE TO		
hearl failure, asthenia, etc. II means injury ar camplication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	ony, giving		
hearl failure, asthenia, etc. It means injury ar camplicotian which coused ANTECEDENT CAUSES	ony, giving		
hearl failure, asthenia, etc. II means injury ar camplication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.	ony, giving stoting the CONTRIBUTING ATED TO THE		
hearl failure, asthenia, etc. II means injury ar camplication which coursed ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above course (A) UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELY DISEASE OR CONDITION CAUSING	Only, giving stoting the CONTRIBUTING ATED TO THE IT.	podension, gunland arterio	
hearl failure, asthenia, etc. II means injury ar camplication which coused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. CONWAS PER  21A. ACCIDENT WAS UNDERLYING CAUSES OF CONTRIBUTING CAUSES OF	Ontributing Atentical To The Solution, It.  Notion For Which Operation  21B. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C	· -7 {
hearl failure, asthenia, etc. II means injury ar camplication which coused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELY DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	Only, giving stoting the (C)  CONTRIBUTING ATED TO THE SELECTION REFORMED  218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WER IN CERTIFYING COMP.  in or obout 21 C. WHERE DID fff in Boltime office bldg., INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?
hearl failure, asthenia, etc. II means injury ar camplication which coursed ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELY DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	Only, giving stoting the (C)  CONTRIBUTING ATED TO THE Solvation, IT.  NOTION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Work	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WER IN CERTIFYING COffice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?
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events, in process in forming where



NAME OF DEC	CEASED		51 CERTIFICA		2. DATE AN	D HOUR OF DEATH		
Type or Print)	SARAH GI	NSBERG			OCTOB	BER 18, 196	7	5 P. N
PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESID	B. COUN	e deceased lived. If i	institution: residen	ce befare admission)	
FIRST NAME (	os attackia kana	tol or institution,	ave steet	MARYLA				
HOSPITAL OR	oddress or loc		give street	C. CITY OR TO		side city limits, write	RURAL ond give	township)
INSTITUTION				BALTIM	ORE			21-20
3710 KI	VGSWOOD SQUA	RE		D. STREET ADD	RESS (If r	urol, give location)		
				3710 K	INGSWOO	DO SQUARE	#21215	
SEX EMALE	6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRT	TH S	ost birthdoy)	If Under 1 Yr Months Doys	r. If Under 24 Hrs. Hours Min.
A. USUAL OCC	UPATION (Give kind of	work 108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stote or foreign	gn country)	12. CITIZEN C	OF CHAIRPY
	working lile, even if retire EWIFE		T HOME	RUSS	7.4			S.A.
FATHER'S NA		A	HUML	14. MOTHER'S A		AE	Ues	7.71.
						3. 10		
	D GINSBERG		11 / 20 51 41	ROSE	?		ADE	DRESS
. Was Decease es,no or unknow	d Ever in U. S. Armed n) (If yes, give wor or	dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADL	/123
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	mplication which cau			co Ho	charal	Memil.	24-	
	ANTECEDENT CAU	SES	(B) Jew	acros	vya	11300	7-7	******************
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OR CONTRIB	UTING CAUSE OF y medical examiner	hon	ne, form, foctory, street, o	ffice bldg., INJUR	r OCCUR?			
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(APPROX.)		Wi	nile At Not Whi		_			
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and have as	nd fram the causes	stated abave. (	l) (We) (dld) ( <del>distan</del> ot)	view the bady a	ifter death.		10.74	
23A. SIGNAT	LIRE	1.					23 B. DATE SIG	SNED
	metros,	K Cm 5	M.D. At		Med. Director	Stoff Phys.	1011	8/67
23C. PHYSICI	ANS	-		23D. ADDRESS				
NAME	Type)	t DCOII	M.D.	1000 11 1	MOTULE	I DADVOLAN		
44 0116:41 ==		IRSCH		4000 W. N	IORTHERN		City, town, or cor	unty) (Stote)
4A. BURIAL CR REMOVAL	(Specify) 248. DATE	24C. N	AME of CEMETERY of CI	ENTATORT	240, [	CATION	City, 10 WII, or col	uniy/ (Store)
BURIA	L 10-2	2-67 AGU	DAS ACHIM ANSI	HE SFARD		LTIMORE, MA		
SA. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNER	AL DIRECTOR		-	ADDRESS
	OCT 2 5 196	7 00.1	FR. Fr. Downe	SOL LEV	INSON 8	& BROS. INC.	,6010 RE	ISTERSTOWN

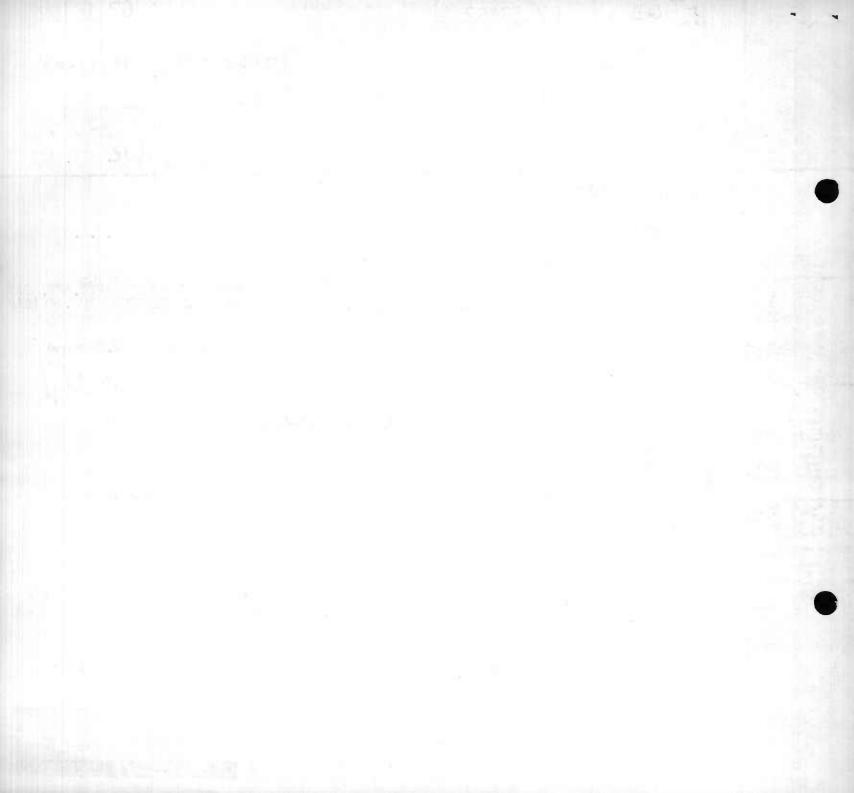


IMPORTANT

DIRECTOR:

FUNERAL

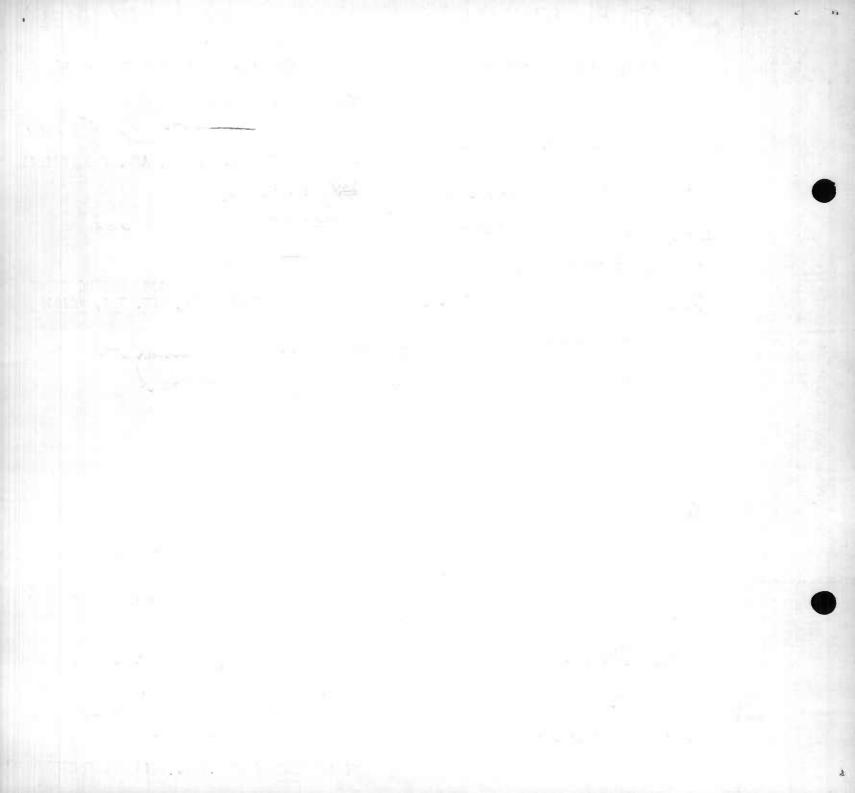
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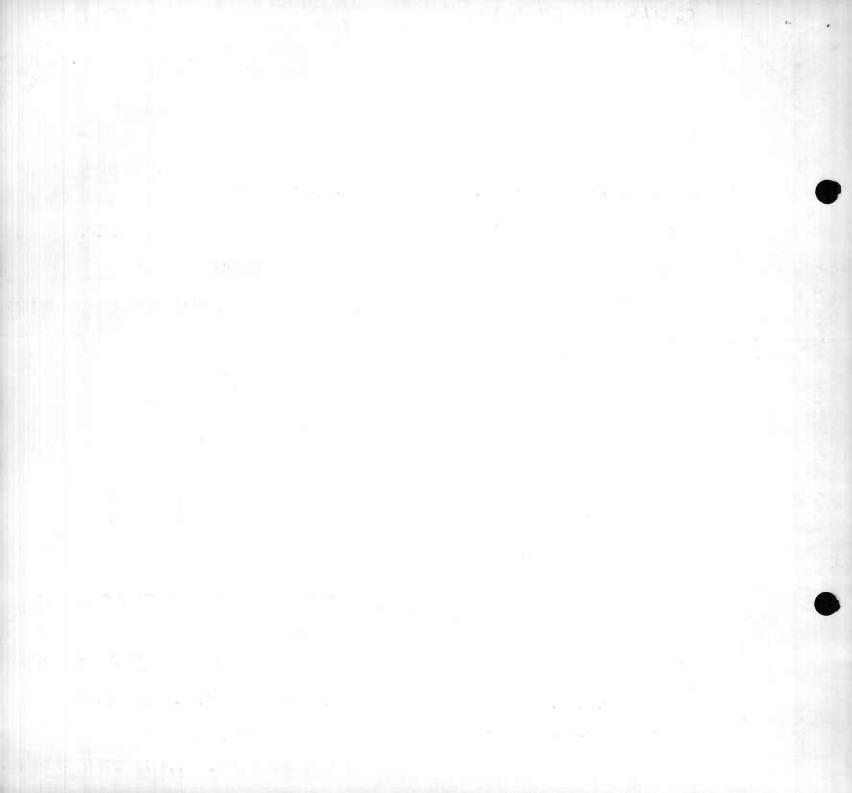
C-1155 00 10	BALTIMORE CITY	Y HEALTH DEPARTMENT		014 101
BIRTH NO455 67 10 M.E. CASE NO.	1153 CERTIFICA	TE OF DEATH	Registered No.	67 10153
1, NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
(Type or Print) MARION	1 R. COLEMI	9N 10/1	9/67	5 P.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If institu	tion; residence before odmission
FULL NAME OF (If not in hospital or institu	ution, give street	moulan	1	
HOSPITAL OR oddress or location)		C. CITY OR TOWN . (If ou	tside city limits, write RUR.	AL and give township
3801 BELLE	AVE	1)altin	110	10-10
00		D. STREET ADDRESS	rurol, give location	9
00	And Market Market	2001 18	elle One	
	RRIED, NEVER MARRIED OWED, DIVORCED Ispecify)	B. DATE OF BIRTH	9. AGE (In years If M	Under 1 Yr. If Under 24 Hr onths Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 g. Kip	UN DESVISINESS OF INDISCRE	11. BIRTHPLACE (State or fore	68	2, CITIZEN OF
lone during most of working lile, even if retired)	Hamilton	Seed o	ign county	WHAT COUNTRY?
Domestic Cot	pane	N. Collie	nia	USH.
3. FATHERS NAME		14. MOTHERS MAIDEN NA	ME	
Mayer J. Cole	man	Unna,	Mondel	2
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown lif yes, give war or dates of se	vice) 1 6. SOCIAL	17. INFORMANT	0. 2	Ca ADDRESS
no 2	15-10-3992	Miss apall	uleman-De	501 Valle Us
18. 3 3 / X I	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	06	PERPOLITA	0 000 000	
(This does not mean the mode of dying,	e.g., DUE TO	REBROVASCULA	ACCIDENT	SUMYS
heart failure, asthenia, etc. It means the dis	eose,			
ANTECEDENT CAUSES	(8) 17/2	TERIOSCLERO	515	YEARS
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the obave couse (A) stolling				»(=o-
UNDERLING CONDITION (asi,				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO	D THE			
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 208- IF YES, WERE FINE	
# C				
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, c	office bldg., INJURY OCCUR?	flf in Boltimore Ci	ty, give exact location)
DEATH (notify medical examine)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At At Work			
22. I certify that (!) (this hospital) atten	ded the deceased from		1964 to 10	119 1967
that (I) (40) lost sow the deceased alive	on 10/19	19 67 ond th	at in (my) (out) oplnia	n deoth occurred on the d
and hour and fram the couses stated aba	ve. (1) (We) (did) (did-not)			
23A. SIGNATURE			23	B. DATE SIGNED
mortin to The	M.D. AH	rending Med. Director	Staff Phys.	10/19/67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1
MORTON M. M.	WER M.D.	200 W.	COLDSER!	NG LANE
24A. BURIAL CREMATION, 248. DATE	4C. NAME of CEMETERY OF CR	REMATORY 24D. L	OCATION (City,	lown, or county) (Stote)
PREMOVAL (Specify) Cet 22/67	Mean (11	raken 10	sodal.	marrhand
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	active.	ADDRESS
UCT 25 1967 (	BE Fallens !	SAC TOWARD	4 242 N	12-6012 Koist
'S 150-REV. 1/1/65		The state of the s	1 10 00	10001

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RTH NO. 52/ 67 10154 CER	TIFICATE OF DEATH Registrer	
NAME OF DECEASED  ype or Print)	2. DATE AND HOUR	OF DEATH
PLACE OF DEATH WEST MARYLAND	October	19. 1967 12.40 A
PLACE OF DEATH HY BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceose A. STATE B. COUNTY	ed lived. Il institution: residence before admissio
FULL NAME OF (If not in hospital or institution, give street	111	
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city)	limits, write RURAL and give township)
INSTITUTION .	Baltimore Git	County of 2
17 Sinci Hazzill an D.11.		location)
2 Singi Hospital of Baltimore, 1	he. Cono Morella	Dia 137 7 2 1 10101
SEX 6. RACE 7. MARRIED, NEVER MARR	RIED B. DAY OF BIRTH 9. AGE (II	27 API 3 #2121
M. W. WIDOWED, DIVORCED WIDOWED.	(specify)   18, 1902   lost birthdo	oy) Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR	14	WHAT COUNTRY?
- 1 Partiggo Lique	PS ROWSKING BALTI	MORE 4,5A.
FATHERY NAME	14. MOTHER'S MAIDEN NAME	
itne	York	
LATE SAMUEL KOENIGSBERG	SADIE MARKEIN	
Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL ss, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT	6900 MARSUE DRIVE
2 3 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	7/0//	BERG, APT. T 3, #21215
1B. 1 4 4	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUTE OF BEATH	ONSET AND DEATH
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(This does not mean the made of dying, e.g.,	AT CUPCINOMA - Prime JOH	E 47 Known H months
heart failure, asthenia, etc. II means the disease,		
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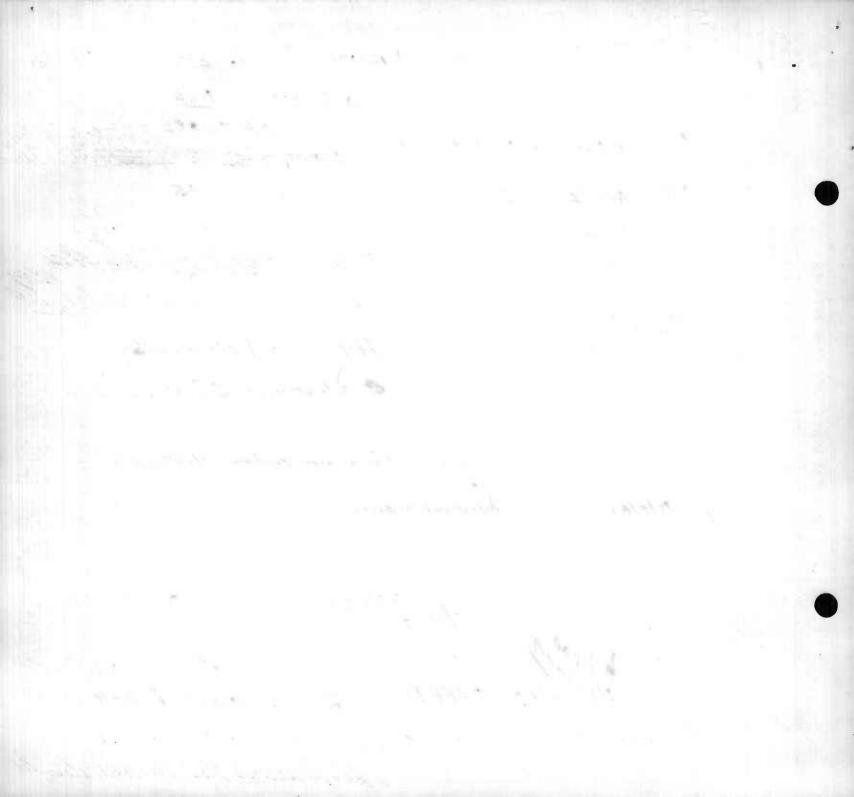


	E OF DEC				2. DATE AT	NO HOUR OF DEAT		
(Type or Print) DORA GELWASSER				10-19	9-67	2.15 A M		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (Whe		institution; reside	nce before admission)		
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	HOSPITAL OR oddress or locotion) INSTITUTION		BALTIMORE	tside city limits, writ	e RURAL ond give	e township)		
THE JOHNS HOPKINS HOSPITAL			rurol, give locotion)		5-00			
1	33					PARKWAY		
SEX		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Y Months: Doy	t. If Under 24 Hrs.
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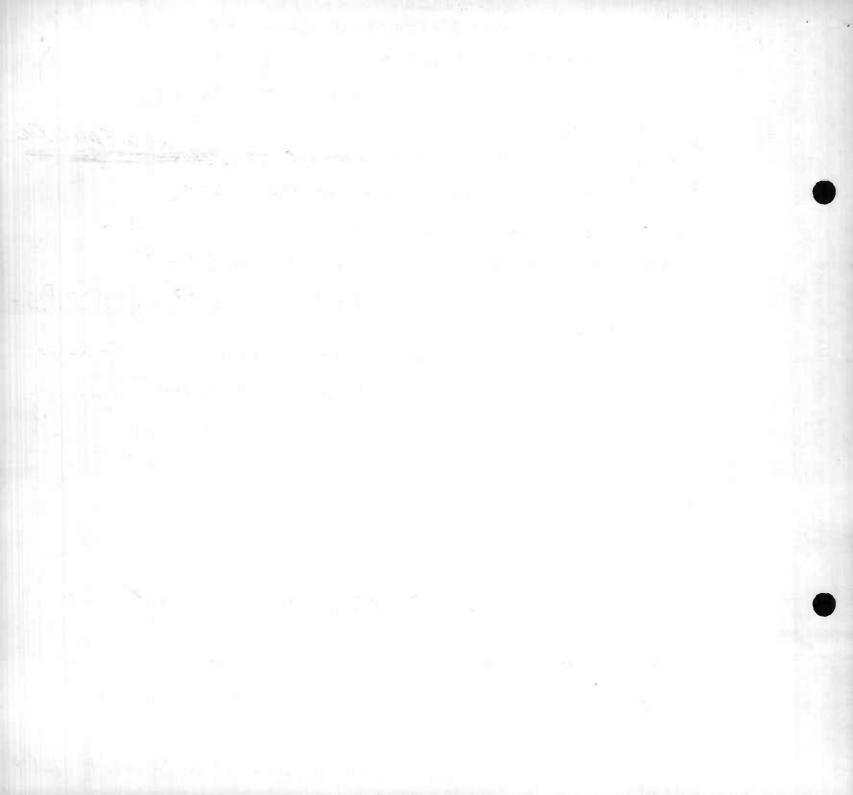


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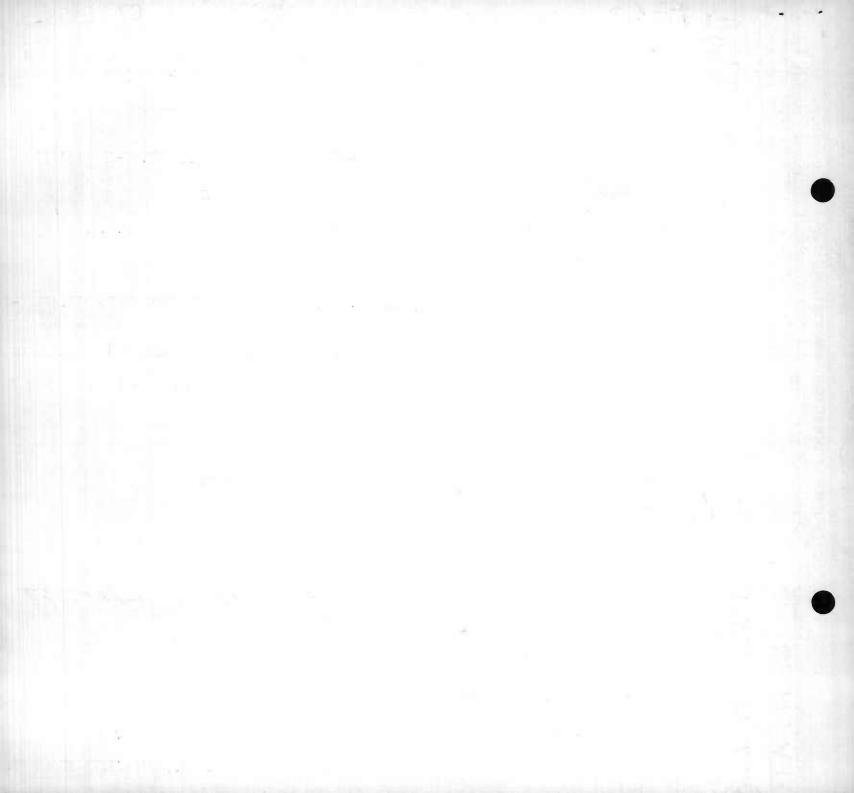
S-550 67 101		Y HEALTH DEPARTMENT	Registered Na.	67 10156
M.E. CASE NO.	CLKTITICA	ATE OF DEATH	HOUR OF DEATH	
(Type or Print) SIMON,	ROBERT MA	LTON	10.45 PM	1 10/21/67,
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. II instit	tution: residence before admission
FULL NAME OF (If not in hospital or institution	an awa steal	MARYLAND	CISA	27-17
HOSPITAL OR oddress or location)	on, give sneer	N/"	le city limits, write RUI	RAL ond give township)
12		BA	LTIMORE,	O. Jack O. Aord
SINAI HOSPITAL OF	E BALTIMORE	D. STREET ADDRESS (If we	ol, give location)	Engleni ching
				3 Selected
	ED, NEVER MARRIED WED, DIVERCED (specify)	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
Male WHITE W	engle	June 5, 1912	55	
IOA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	usu Holo	La Itamore	md.	WHAT COUNTRY
3. FATHER'S NAME	ery sione	14. MOTHER'S MAIDEN NAME	As man	0. 2 2
Samuel Su	man)	7/1//// - con	TO THE WAY	LISTER STATE
/	7070	with the	Eller Contract	The state of the
5. Was Decoased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes of service)	e) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		mu, molle	/oursend	2712 Olekment
18. 770-51	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0, -1		ONSET AND DEATH
LEADING TO DEATH	(A)	Hispisaction b	wounder	i dis
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea	.g., DUE TO		,	0
injuly or complication which coused death.)	,56,	A 9/ 121:	Tists	
ANTECEDENT CAUSES	(B)	Gontas pries	00812	uction
DISEASES OR CONDITIONS, if ony, giv	DUE TO			
rise to the obove couse (A) stoting				
UNDERLYING CONDITION Iosi.				
Z OTHER RICHIES AND CONTRIBUTIONS CONTRIBUTION	me of yours	ted morsenle	w dista	- Blug
OTHER SIGNIFICANT CONDITIONS CONTRIBU	11110			
DISEASE OR CONDITION CAUSING IT.	DA WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN	IDINGS CONSIDERED
10/8/6- WAS PERFORMED	Intestinul dell		IN CERTIFYING CAUS	ES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING		in or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
<u>U</u>				
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX)	While At Not Will Not Will Not Work	k 🗀		
22. I certify that (1) (this hospital) attende	ed the deceased fram 4 /	29/67 19	10 OC	- 2181- 56219
that (I) (we) lost saw the deceased alive of	in lotale	19 and that		on death occurred on the do
-	/		(m), (doi) aprille	south occorred on the de
and haur and fram the causes stated above	), (I) (We) (did) (did nat)	view the bady after death.	- 10	3 B. DATE SIGNED
230. SIGNATURE	M.D. A	ttending Med. St	off [3]	DE DATE SIGNED
Mysul a	M.D. Pi	ys. Director Ph	iys.	(6)
23C. PHYSICIAN'S ARSHAD	SAEED M.C	23D. ADDRESS	to spital	Balt more
24A. BURIAL CREMATION, 24B. DATE / 240	NAME OF REMETERY OF C	REMATORY 24D. LOC	ATION (City,	town, or county) (Stote)
REMOVAL (Specify) 10/35/67 1	Le Anisithe	dall 11. 1	Bath sin	God
Tural 10/24 1. Os	and fine	he stall 12	acumice	11na.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAA	AE OF REGISTRAS	25 CHEMENAY DIRECTOR	1.11.11	ADDRESS
HOLE DE SOU HOLE	W C, Markey Pull	Hol Lluxson	2 may 60	10 sullillounde
VS 150-REV. 1/1/65				



1	67 10 67 10	BALTIMORE CITY	HEALTH DEPARTMENT		CD 404FM
	TH NO.  E. CASE NO.	CERTIFICA	TE OF DEATH	Reg stered Na	67 10157
1, N	NAME OF DECEASED SARAH	LESSER		-21-67	260
	PLACE OF DEATH IN BALTIMORE, MARYLANE  FULL NAME OF (If not in haspital or instit oddress or location)	ution, give street	Md B. COUN	re deceased fived. If instituted although the limits, write RU taide city limits, write RU	itution: residence before odmission
75	Llindale ager Irlanspringaw. B	d Home Unedere One	Baltimore	rural, give location)	12 Efecteds
5, 5	SEX VRACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108. KII	NO OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	Planeties Cli	ook factory	14. MOTHERS MAIDEN NAM	ME (	USA
16 1	Abrehom Kla Was Deceased Ever in U. S. Armed Forces?	Vansky 16. SOCIAL	Lena £	A CONTRACTOR OF THE PARTY OF TH	
(Yes	s, no or unknown) (If yes, give war or dotes of se	security No.	Mr. Harry Le	mer 6512	Everly Dr.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying,	CAUSE O	Branchipa	ressur our	INTERVAL BETWEEN ONSET AND DEATH
	heart foilure, asthenio, etc. It means the distinjury or complication which coused deoth.)  ANTECEDENT CAUSES	seose,	ASOD bo	ot CVA	7 savorther
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoting UNDERLYING CONDITION last.		(		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, loctory, street, o elc.)	n ar about 21 C. WHERE DID	(If in Boltimore (	City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hourd OF INJURY (APPROX.)	While At Not While Work At Work	21 F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this hospital) atten	10. 4211	10/1	19 to O.C	121/6719
	and hour and from the couses stated abo		/	at in(my) (our) opini	on death accurred on the dat
	23A. SIGNATURE Jose Ardais	M.D. Atte	ending Med.	Stoff Phys.	10-21-67
	Jese AB DA 12		7912 Cross (	oundry -	Blund.
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specily)  Oct 2267	Buth Hamedia	111 1	ocation (City,	town, or county) (State)
25A	A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	Sol Lluner		-6010 Rest Re
VS	150-PEV 1/1/65			<u> </u>	

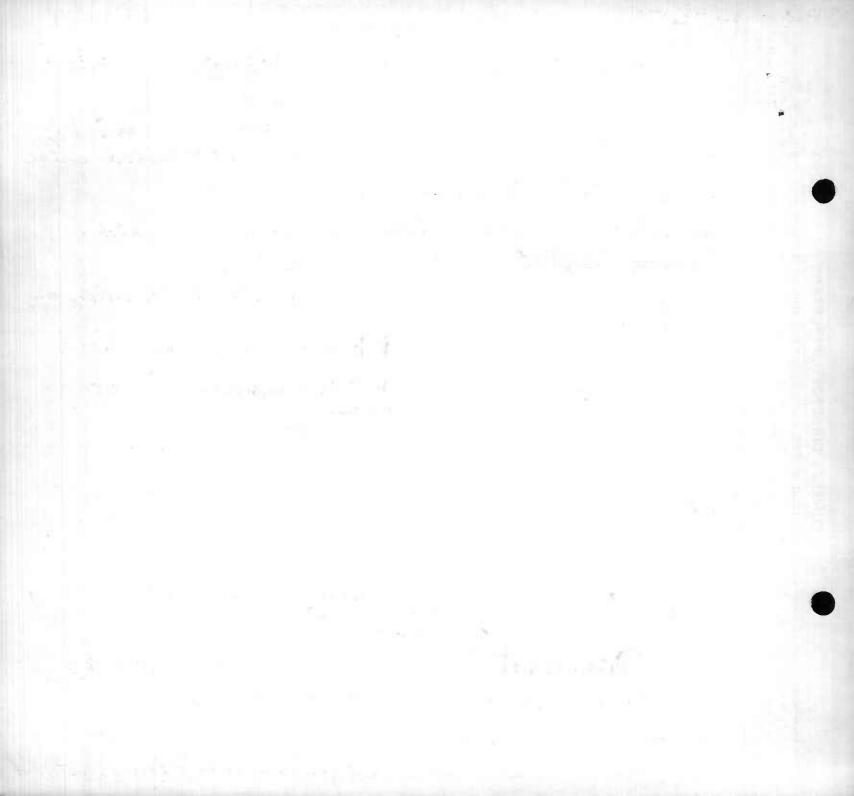


BIRTH NO. 635 67 10158 CERTIFIC	TATE OF DEATH Registered No.	
CERTIFIC	LATE OF DEATH	67 10158
M.E. CASE NO.	2. DATE AND HOUR OF DEATH	
Type of Print) FRIEDMAN SAMUEL	10 - 22 - 63	0 - 0 11
PLACE OF DEATH IN SALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If	IV
	A. STATE 8. COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write	Bilbat
INSTITUTION		RURAL ond give Dwg ipi
SINAT HOSPITAL OF BALTIMORE	BALTIMORE D. STREET ADDRESS (If rurol, give location)	0100
SINAT HOSPITAL OF BALTIMORE	6007 PARK HEIGHTS AVE.	APT. B-2 #21215
SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF SIRTH 9. AGE (in years	
MALE REXXXXXX MARRIED	9/25/94 lost binhdoy	If Under 1 Yr. If Under 24 His Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED PLUMBING SUPPLIES	RUSSIA	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	u.o.n.
NATHAN FRIEDMAN	MARISHA ?	
5. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	A	
10 218-32-13	SPHRS. ROSE FRIEDMAN, 6007 PA	ARK HGHTS AVE. APT E
18. 5 8 1. O   CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	.1 1 0 . 0	ONSET AND DEATH
LEADING TO DEATH	Heart failure sec	onl. 9-22-67
(This daas not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease.		
injury ar camplication which caused death.)	to Liver Circhosis	1:00 10 991
ANTECEDENT CAUSES (B)	to Liver Cimusus	Ma 10- 22-6
DISEASES OR CONDITIONS, if any, giving		
rise to the above cause (A) stating the (C)		
UNDERLYING CONDITION last.		
Z OTHER SIGNASIANT CONTRIBUTIONS CONTRIBUTIONS	-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	m form to a contract	
TO THE DEATH BUT NOT RELATED TO THE Explo	natory la parotomy	FINDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING (T. 1994. DATE OF OPERATION WAS PERFORMED	notory la paso turny  20 %. AUTOPSY? (Yes or No) 20 %. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING (T. 194.)  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING C.	AUSES OF DEATH?
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TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING (T. 19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21B. PLACE OF INJURY (o. home, form, foctory, stree etc.)	.g., in or obout 21C. WHERE DID ((f in 8oftime	AUSES OF DEATH?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING (T.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e. home, form, foctory, stree etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY)	.g., in or about 21C. WHERE DID ((f in 8oftime)) it, office bidg., INJURY OCCUR?	AUSES OF DEATH?
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
•	ath occurre r contribut determined in regular deceased p
TANT	istant if deche direct or cind; (4) Un death was see on the can disposit
IMPOR	Also, if the office of any knownced concounced concounc
FUNERAL DIRECTOR: IMPORTANT	this certificate must be approved by the chief medical examiner or his assistant if death occurred he body was released to the hospital by a medical examiner. Also, if the direct or contribution shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased practite approval must be obtained before the remains are embalmed or final disposition is made.
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	ificate must was relead.  An accid.  A. at a ho d prior to a approval m
	This cert the body shows: ( was D.O deceased

-1	BALTIMORE CITY	HEALTH DEPARTMENT		CM 40450	
BIRTH NO.	10159 CERTIFICA	TE OF DEATH	Registered No.	67 10159	
M.E. CASE NO.  1. NAME OF DECEASED	32.(11110)		ID HOUR OF DEATH		
(Type or Print)		1		1 2 - 1	
3. PLACE OF DEATH IN BALTIMORE, MARY	and	TA HELIAL BESIDENCE (WE	21167	6.05 17	
TOTAL OF BEATT IN BALLINIONS MICH		A. STATE B. COUN	ITY	nstitution: residence before admissio	
	instilution, give street	Malsken			
HOSPITAL OR oddress or location)		C. CITY OR TOWN Ill outside city limits, write RURAL and give township			
1 Sinn Hans	D. SYREET ADDRESS (If rysol, give location)				
11 June souperou					
7~		weenspurg (	one 1 W. be	chedere the	
5. SEX   6. RACE   7.	MARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 H	
Comale Mille .	WIDOWED, DIVORCED (specify)	100 3.1884	lost birthdoy)	Months Doys Hours Min.	
IOA. USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CO(State or fore	ign country)	12. CITIZEN OF	
done during most of Marking lile, even if retired)	Al weter la . Da-	VN.		WHAT COUNTRY?	
finisher !	clothing factory	Misses	a	USA-	
E FOTHER'S NAME	A - 10	14. MOTHER'S MAIDEN NA	ME		
The state of the s	E unmour	Fanne?			
5. Was Deceased Ever in U. S. Almed Force:	1 6. SOCIAL	13 INFORMANT	- /	ADDRESS	
Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	Recordend / 1/1	elfand-7	402 Orman	
100	V	Lad Works 1-	Jana	onne	
18. 420.11	CAUSE O	P DEATH		ONSET AND DEATH	
DISEASE OR CONDITION DIRECT	CTLY	1	0 0 1	1	
(This does not mean the made of d	VIDO 8 0	ropium ocavan	as more	en hows	
heart failure, asthenia, etc. It means th	e disease,				
injury or camplication which coused de	eath.)	201D2	Con internal	110000	
ANTECEDENT CAUSES	(B) DUE TO	200 DC milo	Cavada	years	
DISEASES OR CONDITIONS, if an	, 99	ohema			
rise to the above cause (A) so UNDERLYING CONDITION last.	aling The (C)	•••••			
		-			
O OTHER SIGNIFICANT CONDITIONS COL	ATRIBITING				
E TO THE DEATH BUT NOT KELATE					
	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES WERE	FINDINGS CONSIDERED	
	WAS PERFORMED		IN CERTIFYING CA	USES OF DEATH?	
	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in			e City, give exact location)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?			
O		21F. HOW DID INJ			
21 D. TIME (Month) (Doy) (Year) (					
(APPROX.) While At Work At Work					
22. I certify that ( (this hospital)	ottended the deceased from	10/21	19 67 to 10	0 21 10 7	
that (N (we) lost saw the deceased	10101			19.67	
			at in (my) (our) apl	nian death accurred an the d	
and have and from the causes stated	abave. (1) (We) (did) (did.) v	lew the bady after death.			
23A. SIGNATURE	4			23 B. DATE SIGNED	
2USan LOS	M.D. Afte	ending Med. Director	Stoff Phys.	10/21/67	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
SUSPAI /a	CAT M.D.	SINAI HO.	SITAL		
24A BURIAL CREMATION, 24B, DATE	24C. NAME OF CEMETERY OF CRI	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	OTATION (C)	ity, town, or county) (State	
REMOVAL (Specify)	1/6	240.0	To arm	ty, town, or county) (State:	
sunal 04 12/6,	I Lance Black	12	allemon	e,M	
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	12 dec	ADDRESS	
OCJ 2 5 1967 (R.)					
- MEY (7.5) 1201 ULT	Do. B. E. Fallowna.	Sol deunen	11400 -1	6010 Keest K	



IMPORTANT

DIRECTOR:

FUNERAL

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	OM	BALTIMORE CITY	HEALTH DEPARTMENT		67 10161
	н но.	10161 CERTIFICA	TE OF DEATH	Registered Na	Of TOTOT
	. CASE NO. AME OF DECEASED			D HOUR OF DEATH	
	e or Print) MARY C. Mc	IRPAU		10/22/67	200/pm
3. P	LACE OF DEATH IN BALTIMORE, MARYLA	4. USUAL RESIDENCE (Where deceased lived, II institution; rosidence before admission)			
		A. STATE B. COUN		0-	
II E	ULL NAME OF (If not in hospital or in doction)	MD.  C. CITY OR TOWN (If outside city limits, write RURAL ond give township)			
11	NSTITUTION	Ellicott City 63-00			
1 6	5 5 11	D. STREET ADDRESS (If rurol, give bootion)			
	BON Secours H	OSPITAL	310 GAWAID	DRIVE	
5. S		MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs.
		WIDOWED, DIVORCED (specily)	2-8-97	lost birthdoy)	Months Doys Hours Min.
10À.	USUAL OCCUPATION (Give kind of work 108	NIDOWED KIND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF
done	during most of working life, even if retired)		han out and		WHAT COUNTRY?
12			MARYLAND		UNITED STATES
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	George CUPRIE		Meaulif	te	
15. \ (Yes	Nos Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		216-54-6948	CHART		
	18.	CAUSE O	F DEATH		INTERVAL SETWEEN
	DISEASE OR CONDITION DIRECT	TLY 6	1 -	4.	ONSET AND DEATH
	LEADING TO DEATH	(A) Cak	lalac arres	51	minuls
	(This daes not mean the mode of dyi heart failure, asthenia, etc. It means the			1	
	injury or complication which caused dea		1/pinulas	LIBRIHAI	tin minute
	ANTECEDENT CAUSES	(8) DUE TO	UTTEL CACCALC	2101019701	1001 111 (-11
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	rise to the obove couse (A) sto UNDERLYING CONDITION last.	ling the (C)//E/F/	1 (0 3 (1 PR 0313 (9	INGIO VASCO	ar years
		ais	ease		
NC	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			
ATION	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
		ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208, IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	O VAS PERFORM		NO	CERTIFIED CAC	July of Deptilit
O	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, loctory, street, or	fice bldg. INJURY OCCUR?	(If in Soltimore	City, give exact location)
CAL	DEATH (notily medical examiner)	etc.)			
0	21D. TIME (Month) (Doy) (Year) (H	our) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY (APPROX.)	While At Not While			
		Work At Work		10 / 100	10 05 1/2
	22. I certify that (I) (this hospital) at	. 1	4 400	19 67 ta	10-22 1967
	that (I) (we) last saw the deceased a			at in(my) (aur) apir	nion death occurred on the date
	and haur and from the causes stated	abave. (1) (We) (did) (did nat) v	iew the bady after death.		
2	23A. SIGNATURE	2			238. DATE SIGNED
	wans a	M.D. Atte	ending Med. Director	Stoff Phys.	10-22-67
	23C. PHYSICIAN'S NAME (Type)	6.	23D. ADDRESS	- 11	121
	( Clavio F	A. KUIZ M.D.	Bon S'ecc	OUR HO	spelal
24A	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of CRI	EMATORY 24D. LC	OCATION (Cit	y, town, or county) (Stote)
	REMOVAL (Specify)	Balleman h.	touch Com	Belle	ned.
25Ā	. //	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	are	ADDRESS
	OCT 2 5 1967 (P.	Ow. R. E. Falley M.D.		NUANAUGL	6601
	50-PEV 1/1/65	CRIO C, MONKATION	Touche 7 - CA	UNIVNOGL	FREDERICK KA

Box -- 83 Inc. A. in Acres Bears in B F C wearing 2 3 97 MINISTER STORY A CALLYYOM Greene Greene Miller 1 + 1 THE THE WHAT WE WE nix

eceased Oak Lawn Cemetery 10/23/67 Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

RIPTH NO

Registered Na.

If Under 24 Hrs.

Hours

WHAT COUNTRY?

U.S.A.

ADDRESS

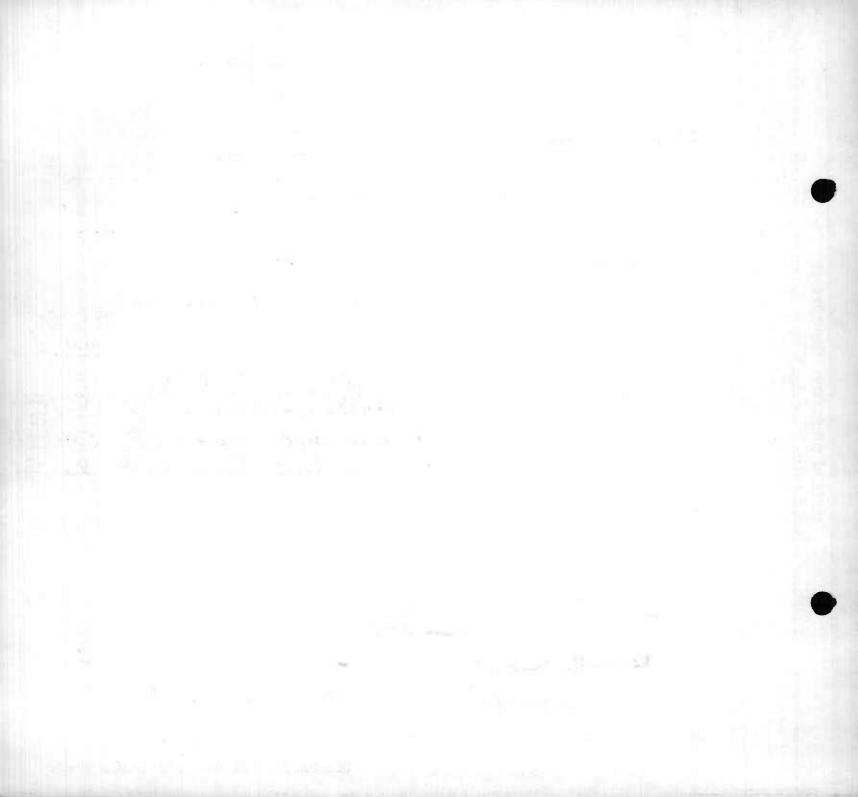
INTERVAL BETWEEN ONSET AND DEATH

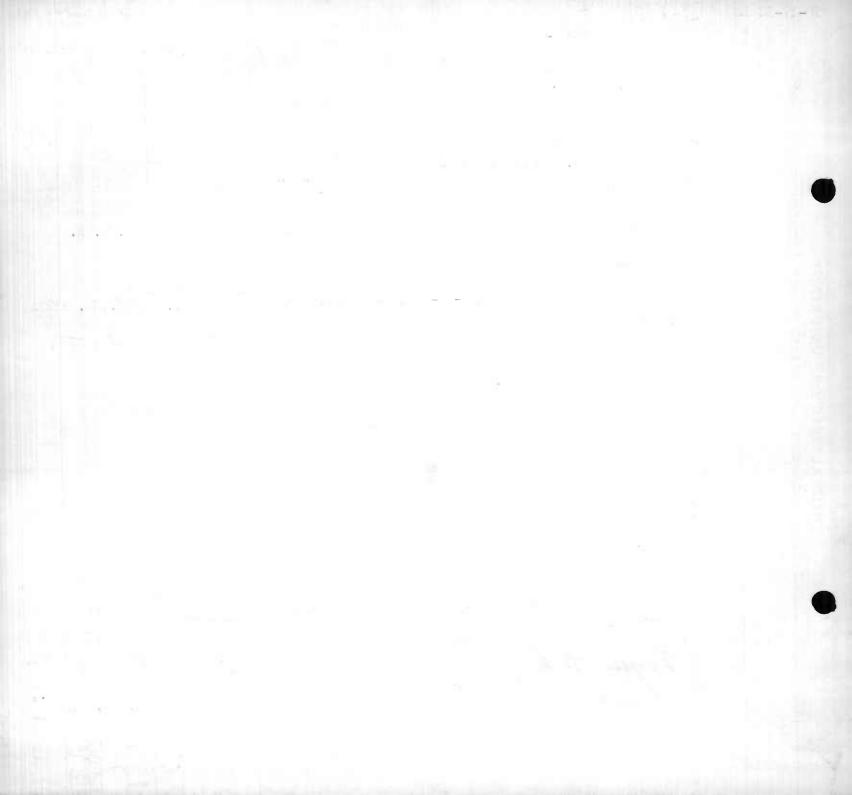
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Ullrich Funeral Home 4210 Belair Road.

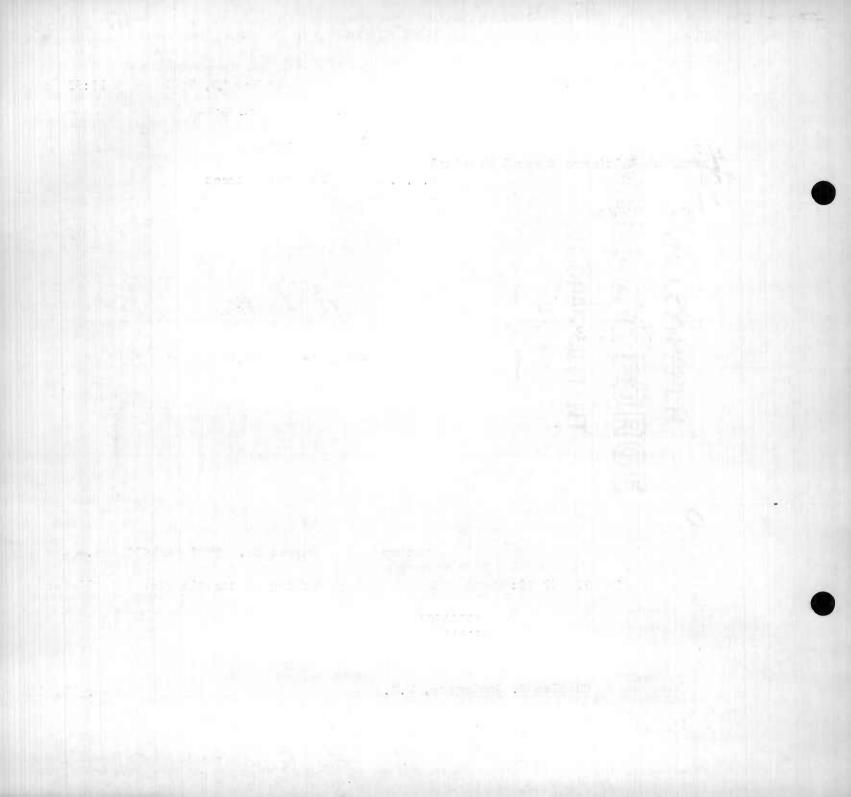
ADDRESS

(State)





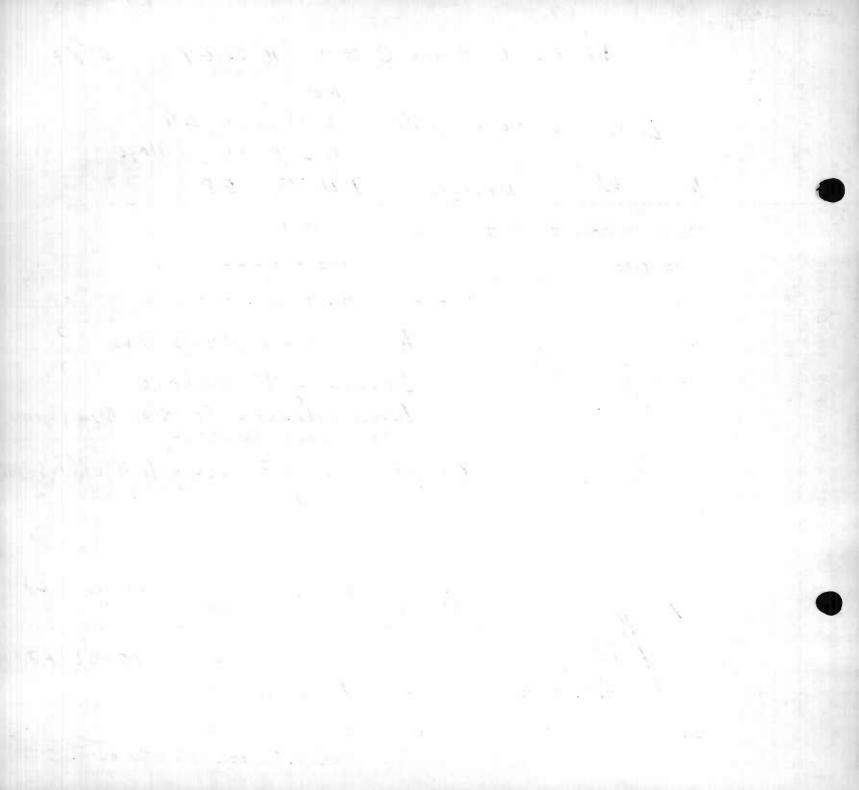
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IRTH NO.	WED	ICAL EXAM	VINER 2 C	ERTIFICA	IE OF DE	AIH Registe	ered No	
A.E. CASE NO.  NAME OF DECEAS	ED				2. DATE AND H	OUR PRONOUNC	ED DEAD	
Type or Print)	IN ELASTER					23, 1967		55 a <sub>M</sub> .
PLACE IN BALTIMO	ar.	HERE PRONOUNCED	DEAD	4. USUAL RESID	ENCE (Where dec		titution: residence be	
ULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, ATION)	GIVE STREET		WN (II outside co		e RURAL ond give t	ownship)
13 - 11 B	14.	4 77			Baltimore RESS (II rurol, give	e location)		0 6
South DA	Itimore Ge	neral Hosp						
. SEX 6. R	ACE	7. MARRIED, NEVE		8. DATE OF BIRT	Wyeth St	9. AGE (In years lost birthday)	If Under 1 Yr. If	
Male W	Mite	WIDOWED, DIVOR	CPD (specify)	11-2-	-24	lost birthdoy) 42	Months Doys	Hours Min.
OA, USUAL OCCUPAT	10N (Give kind of wor	KIOB. KIND OF BUSH	NESS OR INDUSTR	11. BIRTHPLACE	(State or foreign co		12. CITIZEN OF WHAT COUN	1
one during mad of working	19 life, even if retired)	Seral	2 Tuell	1000.0	esse	A	WHAT COUN	TRY
3. FATHER'S NAME	D	0	7000	14. MOTHER'S M	AIDEN NAME	2		/ J
	2011	Laste	~	R	ne S	Jelins	n	
5. WAS DECEASED E			CURITY NO.	17. INFORMANT	P 4		ADDRESS	
1/4	ca, give wor or dole	s of service,		Putt	Laste	-	Allo	~
184	2 2	1	CAUSI	E OF DEATH	7 6-2		INTERV	AL BETWEEN
DISEASE	OR CONDITION DI	BECTIV					ONSET	AND DEATH
LE	ADING TO DEATH		(A)	Multiple	e traumat	ic injuri	es	
(This does not heart loilure, ast	meon the mode of renio, etc. It meons ation which coused	dying, e.g.,	DUE TO					
DISEASES OR	CEDENT CAUSE CONDITIONS, IF A SOVE CAUSE (A) S CONDITION LAST.	NY, GIVING	(B) DUE TO					
Z			(C)					
TO THE DEA	II CANT CONDITIONS OTH BUT NOT RE	LATED TO THE						
DISEASE OR CO		IDITION FOR WHICH	H OPERATION	20A. AUTOPSY	IN	. IF YES, WERE FI CERTIFYING CAU	NDINGS CONSIDER SES OF DEATH?	ED
21A, EXTERNAL CA	AUSE WAS	21B. PLACI	E OF INJURY (e.g.,	in or obout 21C. V	WHERE DID (If in	Boltimore City, gi	ve exact location)	
UNDERLYING AOR	OF DEATH.	etc.)	FActory		upont Co.	2001 Be	nhill Ave.	25-0
5	onth) (Doy) (Yeo	r) (Hour) 21E. IN	JURY OCCURRED		VANTUI DID MO		111111111111111111111111111111111111111	7 0
OF INJURY (APPROX.)	10 23 67	11.00 WHILE	AT NOT	WHILE WO			hen it col	lansed
22.	20 20 01	a m. WORK	LT AIW	VORK	THE OIL	orepere w	TE COL	Lapsea
	that I held on I			topsy and	d that on this b	osis, death in i	my opinian	
resulted	from: Natural ca	uses Accide	ent XX Suicid	de 🗌 Homici	ide Und	etermined monn	er	
4.000	(1)	000	. 4		EDICAL EXAM		DAT	ESIGNED
ACTUAL SIGNATURE	Man	40.00	2~ M.D	ASSISTANT M	EDICAL EXAM	INER X	DAI	- 0,0,1,2,0
EXAMINER'	S		-/	ASSOCIATE M	MEDICAL EXAM			
NAME (Type	o) Charle	s S. Spring			725 1654	TION 6 16	October	23, 19
SA. BUBIAL CREMAT	16-27	-67 Km	Le Len	Har h	23D. LOC	elle	Town, or county	(31016)
4A. DATE REC'D BY	T 2 5 1967	Plub E.	Faleura.	24C. FUNER	AL DIRECTOR	, + C S	ADDRESS	0
	- 15 A IAA1	albomo as	40004	John (	1 Cowan	) + sun	130th	7
'S 151-REV. 1/1/65	N869	296	7 0 0	JOHN-J	· CowAn	1 4 DON,	Inc,	200



IMPORTANT

DIRECTOR:

FUNERAL



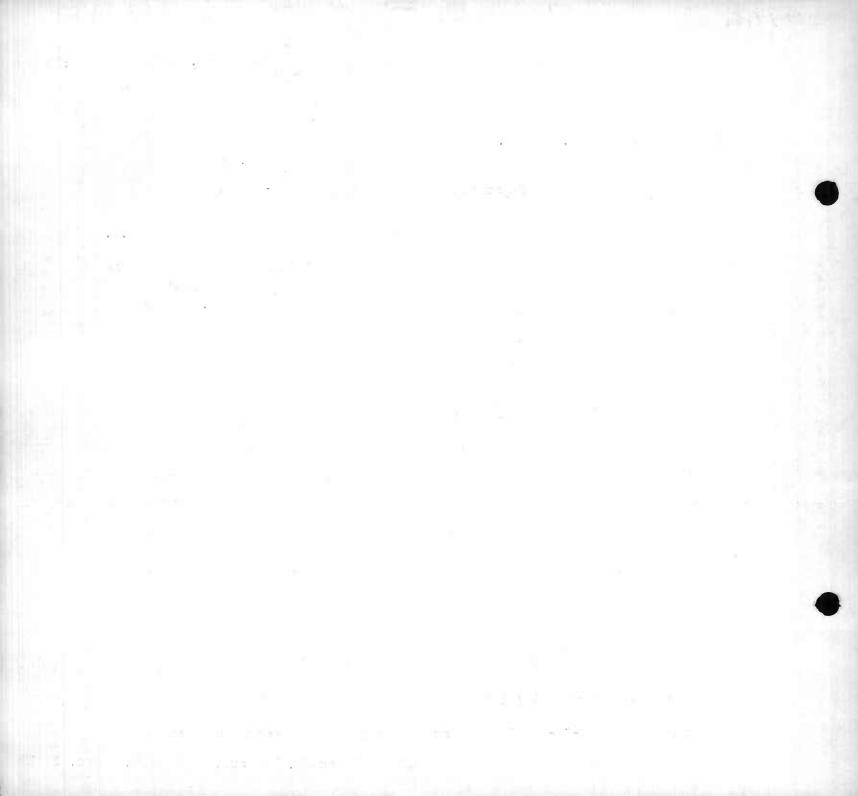
of death a hospital and

	67	1016	6	HEALTH DEPARTMENT	1/	67 10166			
BIRTH NO.	0.8	J. O.J. O	CERTIFICA	TE OF DEATH	Registered No	o			
M.E. CASE NO.  I, NAME OF DECI Type or Print)		16.	۸.	2. DATE	AND HOUR OF DEAT	Н			
	JAMES B		17-E)	10	120/67-	10850 P.			
PLACE OF DEA	TH IN BALTIMORE MA	RYLAND	ENDED	A. STATE B. CO	Where deceased lived. II DUNTY	institution: residence before admission			
FULL NAME O	F (If not in hospital oddress or tocotion	or institution, g	pive street 11-5-57	Maryland 4.9.6,					
INSTITUTION			22-0-01	C. CITY OR TOWN (If outside city timits, write RURAL and give township)					
40	Sinai Hos			Linthicum  D. STREET ADDRESS	(If rurol, give locotion)	52-00			
700	Belvedere	Ave. at	Greenspring	901 Lynvue		21090			
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH 191	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.			
Male	White	Marrie	, DIVORCED (specify)	10/25/67	lost birthdoy) 56	Months Doys Hours Min.			
	JPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	er (Chief)	Gas 8	Elec Co.	Maryland		USA			
3. FATHER'S NAM				14. MOTHER'S MAIDEN	NAME				
Hicks Ho	oward			Dais	y Deane				
5. Was Deceesed	Ever in U. S. Armed For Office yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT 9	01 Lynvue Dr	ive ADDRESS 21090			
No	, , , , , , , , , , , , , , , , , , , ,		212-05-8645	Mrs Davok	Dorothy A.	Uouand			
18. / /	2 V I		CAUSE O		Dolothy II.	INTERVAL BETWEEN			
DISEAS	E OR CONDITION DI	RECTLY	_			ONSET AND DEATH			
	LEADING TO DEATH		SUP (A)	releans.		(0/13-10/21/61)			
	ol meon the made of asthenia, etc. II meons		DUE TO	3 # \$ # # # # # # # 0 \$ # 0 \$ # 0 # 0 # 0					
	plication which caused		COL	BEINDAUX OF I	111/8	30x06 +			
1	ANTECEDENT CAUSES		DUE TO	reanount of	~ CC/NOT	oware.			
	R CONDITIONS, if								
	abave couse (A) CONDITION lost.	stating the	(C)						
	TI .								
OTHER SIGNI	FICANT CONDITIONS C								
DISEASE OR	CONDITION CAUSING I	Т.		1204	N N con to war				
19A. DATE OF	WAS PER		VHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
21 A. ACCIDEN	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DI	O (If in Boltim	nore City, give exact location)			
▼ DEATH (notify)	NT WAS UNDERLYING TING CAUSE OF medical examiner)	hom etc.)	e, form, foctory, street, of	fice bidg., INJURY OCCUR	?				
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?				
OF INJURY		Whi	le At Not While						
		Wor		7		6110			
22. I certify	that (I) (this hospitol	) attended th	1 / 1	0/15/61)	19 to (°)	[M] (G') 19			
that (I) (we)	last sow the decease	d olive on	(0) 15/01	19ond	I that in (my) (our) o	pinion deoth occurred on the do			
ond hour ond	from the causes sto	red obave. (1	) (We) (did) (did not) v	iew the body ofter dea					
23A. SIGNATU	RE 68	10				23B. DATE SIGNED			
/ Du	de Di de	tex	M.D. Atte	minding Med. Director	Stoff Phys.	co/2167.			
23 CHHYSICIA NAME (T)	N'S ype)	0		23D. ADDRESS					
_	e B. Ettay, I	House St	aff M.D.	Sinai Hospita	a1				
REMOVAL (S	MATION, 24B DATE		ME of CEMETERY OF CRE			(City, town, or county) (State)			
Burial		7 7	undon Domis Co-	ot own	Do 164	71.2			
DULLAL 254 DATE RECID	10/25/6	ZSD NAME C	oudon Park Cen	LELETY	Baltimore	Md			

VS 150-REV. 1/1/65

Howard H. Hubbardm 4107 Wilkens Ave.

A.E. CASE NO.			CERTIFICA			
NAME OF DEC					E AND HOUR OF DEAT	
	Lillian Web	berg			October 20, 1	
. PLACE OF DE	ATH IN BALTIMORE, A	MARYLAND		A. STATE B. C	Where deceased lived, If OUNTY	institution: residence before admission
FULL NAME	OF (If not in hospit	tol or institutio	on, give street	Maryland	1	Bills Co.
HOSPITAL OR	oddress or loco	otion)	34 117			e RURAL and give township)
0	****			Lansdown	ne	33-00
Bolton	Hill Nurs.	& Conv.	Center	D. STREET ADDRESS	(If rurol, give location)	
				208 5th	Avenue	
. SEX	6. RACE	7. MARRI	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
Female	White		arated	6/16/84	83	
OA. USUAL OCC	UPATION (Give kind of w		OF BUSINESS OR INDUSTRY			12. CITIZEN OF
one during most of	working life, even if retire	d)				WHAT COUNTRY?
3. FATHER'S NA	ME			Maryland 14. MOTHER'S MAIDEN	NAAAF	U.S.
			o de la companya de l	THE THE PARTY OF T		
George	Dowell		2		XXXXXXX Nellie	
5. Was Deceosed les, no or unknow	Ever in U. S. Armed	Forces? otes of servic	16. SOCIAL SECURITY NO.	17. INFORMANT	Ctwoot	ADDRESS
			AN INC.	1400 Johns	l & Conv. Ce	nter
18. / (/	101	13	CAUSE O		. d. 00114 . 00.	INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTIV	£ 2 E			ONSET AND DEATH
	LEADING TO DEAT	H		+ H	/ ,	
/This door				~ 7 40	11	
tinis daes	nal mean the mode	of dying e	g. A DUE TO	of The	& ING	
heart failure,	nal mean the mode osthenia, etc. Il mea notication which caus	of dying e	DUE TO	of The	J-1Veg	
	nal mean the mode osthenia, etc. It mea nplication which caus	3 F	S S (B)	of The	FIVED.	
al terri	ANTECEDENT CAUS	ES 2	SS (B) DUE TO	of The	J. Veg	
DISEASES	ANTECEDENT CAUS	f ony, git	SS (B) DUE TO	of The	J. Veg	
DISEASES (	ANTECEDENT CAUS	f ony, git	SS (B) DUE TO	of The	J. Veg	
DISEASES (	ANTECEDENT CAUS OR CONDITIONS, i	f ony, git	SS (B) DUE TO	of The	shouldes w	Pu -> 40 years
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DISEASES rise Ia Ih UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIB DEATH (notify) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	ANTECEDENT CAUS  OR CONDITIONS, is a obove couse (A G CONDITION Iosl.  IFICANT CONDITIONS SEATH BUT NOT RICONDITION CAUSING FOPERATION 198. COUNTING CAUSE OF Medical examine)  (Month) (Doy) (Yester Counting) (Month) (Month) (Doy) (Yester Counting) (Month) (Month	CONTRIBUTION FOR ERFORMED  (Hour)  (Hour)  (or) (Hour)	THE CONTROL OF INJURY (e.g., indicated)  The Control of the Contro	20A. AUTOPSY? (Yes of the control of	OF No! 20B. IF YES, WER IN CERTIFYING CO.  IN CERTI	DE FINDINGS CONSIDERED  CAUSES OF DEATH?  Note City, give exact location  Stosp.  Dead.  19.67
DISEASES rise Ia Ih UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 179A. DATE OF OR CONTRIB DEATH (notify) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on	ANTECEDENT CAUS  OR CONDITIONS, i e above couse (A G CONDITION lost.  II IFICANT CONDITIONS SEATH BUT NOT RI CONDITION CAUSING F OPERATION 198. CO UTING CAUSE OF Medicol exomines)  (Month) (Doy) (Yes Thot (I) (this hospi ) lost saw the decea	CONTRIBUTION FOR ERFORMED  (Hour)  (Hour)  (or) (Hour)	THE CONTROL OF INJURY (e.g., indicate) of the control of the contr	20A. AUTOPSY? (Yes of the control of	OF No! 20B. IF YES, WER IN CERTIFYING CO.  IN CERTI	Definition deeth occurred on the de
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DISEASES tise Ia Ih UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 19.A. DATE OF  21.A. ACCIDE OR CONTRIB DEATH (notify) (APPROX.)  22. I certify that (I) (we) and hour on 23.A. SIGNATU	ANTECEDENT CAUS OR CONDITIONS, is a dove couse (A grand Condition lost).  IFICANT CONDITION SEATH BUT NOT RICONDITION CAUSING FOPERATION 198. COWAS PORTON (Month) (Doy) (Yes) Into (I) (this hospi) lost saw the deceded from the couses suggested to the couses of the couse of the couses of the couse of the couses of the couse of the co	CONTRIBUTION FOR ERFORMED  (Hour)  (Hour)  (or) (Hour)	ING THE  CR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., iname, lorm, foctory, street, o etc.)  CH. INJURY OCCURRED  Work  Work  d the deceosed from  n	20A. AUTOPSY? (Yes of the bidge, in or obout 21C. WHERE DI ffice bidge, injury occur)  21F. HOW DID  19 62 on one of the bidge of the b	OF No! 20B. IF YES, WER IN CERTIFYING CO.  IN CERTI	DE FINDINGS CONSIDERED CAUSES OF DEATH?  FOR City, give exact locotion of the sp.  Local 1967  Plinian death occurred on the document of the sp.
DISEASES rise Ia Ih UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 179A. DATE OF OR CONTRIB DEATH (notify) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on	ANTECEDENT CAUS  OR CONDITIONS, is above couse (A G CONDITION Iosl.)  IFICANT CONDITIONS SEATH BUT NOT RICCONDITION CAUSING FOPERATION 198. COUNTING CAUSE OF Medicol exominer)  (Month) (Doy) (Yester Cause of Counting Cause of Ca	CONTRIBUTION FOR ERFORMED  (Hour)  (Hour)  (or) (Hour)	ING THE  CR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., iname, lorm, foctory, street, o etc.)  CH. INJURY OCCURRED  Work  Work  d the deceosed from  n	20A. AUTOPSY? (Yes of the property of the party of the pa	IN CERTIFYING CONTROL OF THE Phys.	Deep 19 67.  25 class of DEATH?  Bore City, give exact location  Store City, give exact location  19 67.  19 67.  238. DATE SIGNED  6 7 21, 196
DISEASES rise Ia Ih UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATU	ANTECEDENT CAUS  OR CONDITIONS, is a close couse (A G CONDITION Iosl.  IFICANT CONDITIONS PEATH BUT NOT RICONDITION CAUSING FOPERATION 198. COUTING CAUSE OF (Month) (Doy) (Yester Court of the Couse of Court of	CONTRIBUTION FOR ERFORMED  (Hour)  (Hour)  (or) (Hour)	ING THE  CR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., iname, lorm, foctory, street, o etc.)  CH. INJURY OCCURRED  Work  Work  d the deceosed from  n	20A. AUTOPSY? (Yes of the property of the pady of the	IN CERTIFYING CONTROL OF THE Phys.	Deep 19 67.  25 class of DEATH?  Bore City, give exact location  Store City, give exact location  19 67.  19 67.  238. DATE SIGNED  6 7 21, 196
DISEASES rise Ia Ih UN DERLYIN  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBI DEATH (notif) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) ond hour on 23A. SIGNATI  23C. PHYSICIA NAME (**)	ANTECEDENT CAUS  OR CONDITIONS, is above couse (A G CONDITION Iosl.  IFICANT CONDITION SEATH BUT NOT RICONDITION CAUSING FOPERATION 198. COURSE OF MEDICAL CAUSE OF MEDICAL CAUS	CONTRIBUTELATED TO GIT.  CONTRIBUTELATED TO GI	THE CONTROL OF INJURY (e.g., interest of the control of the contro	20A. AUTOPSY? (Yes of the property of the prop	IN CERTIFYING CONTROLL OF THE Phys.   Stoff Phys.   Stoff Phys.   A CAC  Controll of the Control	Definition death occurred on the do
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Contraction

BALTIMORE

UNION MEMORYLY MEE THE BOY DES STREET SELLCH

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MINISTER DEPT VINCENIA AMERICANI

CHANGE LEAD FLOW MILLIAMIN GROUES

CHARLES LEAGH - 75s Colorado dos Borrosto

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0 0				KO	Vetol	W 23, 1967	10230 A
3. P	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		A. STATE B. COUN	re deceased lived. It in: iTY	stitution: residence before odmi
F	FULL NAME OF	(If not in hospital	or institution.	nive street	marula	ed-	
ŀ	HOSPITAL OR	oddress or focotio		g. v o 0,100.	C. CITY OR TOWN / (If ou	tside city limits, write R	URAL and give township)
		P. Mas	-60		13010		20-0
		heran Hos			D. STREET ADDRESS (IF	rural, give location)	godd, C
1	+6	of Maryla	nd		2008 W	ilkers a	21223
5. \$	EX 0	6. RACE		NEVER MARRIED		9. AGE (In years	Months Doys Hours M
	M	W		DIVORCED (specify)	3/28/14	lost birthdoyl	Withins Doys Hoors
iθλ	USUAL OCCU	PATION (Give kind of wor			Y 11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF
don		rorking life, even if retired)			D 1 1		WHAT COUNTRY?
	Clerical		Marti	n Marietta	Pennsylvania		u.s. A.
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	ME	
	Α	ndrew Dinko			Anni	e Matroka	
5. 1		Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	s, no or unknown)	(If yes, give wor or dot		213-14-8442			
	No			213-14-8442	Mrs. Kathryn Di	nko, 2008 W	ilkens Ave. 212:
	18.6 61	141		CAUSE C	DE DEATH		INTERVAL BETWEEN
		OR CONDITION DI	RECTLY		1	2 . 5	ONSET AND DEATH
		LEADING TO DEATH			Beumona to	scaffred	
	(This does no	of mean the mode of	dying, e.g.,	DUE TO	f		000000000000000000000000000000000000000
		sfhenio, etc. If meons				-	
		licotion which coused		Plan	to lifelietasi 6	The longs	
	Α	NTECEDENT CAUSES	5	DUE TO		······································	
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	UNDERLIING	CONDITION lost.			Splenteldoug		
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ATI	DISEASE OR C	ONDITION CAUSING	IT.				
S	No. 2	OPERATION 198. CON			20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	FINDINGS CONSIDERED
RTIF	5 10/16/	67 Sha	FORMED H	a for pricia	402	IN CERTIFYING CAL	USES OF DEATH!
O		T WAS UNDERLYING	7 21B	PLACE OF INJURY (e.g.,	in or obout 2 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
_	OR CONTRIBUT	MNG CAUSE OF medical examiner	hom	e, form, foctory, street, o	office bldg., MJURY OCCUR?		
4							
0	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	. 1
EDIC				le At Not Whi			
0	OF INJURY						
MEDIC	OF INJURY (APPROX.)		Wo				17
MEDIC	OF INJURY (APPROX.)	that (1) (this haspita		he deceased fram	10/11/27	19ta	10/23 19 6
MEDIC	(APPROX.)  22. I certify to	that (1) (this haspita	l) attended ti	he deceased from	10/11/67		
MEDIC	OF INJURY (APPROX.) 22. I certify that (I) (we)	last saw the decease	l) attended the	he deceased from	10/11/27 19 67 and th		
MEDIC	OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and	last saw the decease	l) attended the	he deceased from	10/11/67		nian death accurred on the
MEDIC	OF INJURY (APPROX.)  22. I certify that (I) (we) and have and agreement and 23A. SIGNATUR	last saw the decease from the causes sta	l) attended the	ne deceased from 10/77	19 67 and the view the body after death.	at in(my) (aur) apir	
MEDIC	OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and	last saw the decease from the causes sta	l) attended the	ne deceased from 10/77	19 67 and the view the body after death.		nian death accurred on the
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MEDIC	OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty	from the causes state  Levy S  PP)  AATION,  248, DATE	I) attended the dalive an	(did) (did not)  M.D. Att	19 67 and the view the body after death.  tending Med. Director 23D. ADDRESS	Stoff Phys.	23B. DATE SIGNED  13/23/67  Mory land
MEDIC	OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty DESIDE CONTROL OF CON	from the causes state  Less Less Less Less Less Less Less Le	I) attended the dalive an  Ited above. (I	M.D. Att	19 67 and the view the body after death.  tending Med. Director 23D. ADDRESS  Luthorn ARMATOR Pemetery 24D. L. Cainiafemetery	Stoff Phys. OCATION (Circ	238. DATE SIGNED  /2/2 3 /67  Avory lonal  19, 10wn, or (county)  (Ste
OIQ3W PEDIC	of INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty DESIDE BURIAL CREM REMOVAL (SE	from the causes state  Lend  YS ppel  ERIO  AATION, 248. DATE pecify)  10/27/	I) attended the dalive an  Ited abave. (I  Flice  24C. NA  67 St.	M.D. Att Phy M.D. AME of CEMETERY OF CR	19 67 and the view the body after death.  tending Med. Director 22D. ADDRESS  Lethorn Med. Director 24D. Lethorn Med. Med. Director 24D. Lethorn Med. Med. Med. Director 24D. Lethorn Med. Med. Med. Med. Med. Med. Med. Med.	Stoff Phys. Corner ocation Control Con	23B. DATE SIGNED  13/23/67  Aroundound  15, 10wn, or (county)  Rd., Balto. Md.
OIQ3W PEDIC	of INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty DESIDE BURIAL CREM REMOVAL (SE	from the causes state  Lend  YS ppel  ERIO  AATION, 248. DATE pecify)  10/27/	I) attended the dalive an  Ited abave. (I  Flice  24C. NA  67 St.	M.D. Att Physics of CEMETERY o	19 67 and the view the body after death.  tending Med. Director 2  23D. ADDRESS  REMATOR: Emetery 4D. L. Cainiar emetery 4D. Cainiar emet	Stoff Phys. Cornon Cornon Cornon Cornon Hill I	238. DATE SIGNED  /3/23 /57  / Mory lowal  19, 10wn, or (County)  Rd., Balto. Md.  ADDRESS
OIQ3W PEDIC	of INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty DESIDE BURIAL CREM REMOVAL (SE	from the causes state  Less Less Less Less Less Less Less Le	I) attended the dalive an  Ited abave. (I  Flice  24C. NA  67 St.	M.D. Att Phy M.D. AME of CEMETERY OF CR	19 67 and the view the body after death.  tending Med. Director 2  23D. ADDRESS  REMATOR: Emetery 4D. L. Cainiar emetery 4D. Cainiar emet	Stoff Phys. Cornon Cornon Cornon Cornon Hill I	23B. DATE SIGNED  13/23/67  Mory lowal  19, 10wn, or (county)  Rd., Balto. Md.
WEDIC WEDIC	of INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty DESIDE BURIAL CREM REMOVAL (SE	from the causes state  Level 15  Period 1. H  AATION, 24B. DATE  Decify)  10/27/  BY HEALTH DEST	I) attended the dalive an  Ited abave. (I  Flice  24C. NA  67 St.	M.D. Att Physics of CEMETERY o	19 67 and the view the body after death.  tending Med. Director 2  23D. ADDRESS  REMATOR: Emetery 4D. L. Cainiar emetery 4D. Cainiar emet	Stoff Phys. Cornon Cornon Cornon Cornon Hill I	238. DATE SIGNED  13/23/67  Anouglous  19, town, or (county)  Rd., Balto. Md.

THE RESERVE OF STREET

		0/11	1370	E CITY HEALTH			67	10170	
IRTH NO.	0.	aller.	170 CERTIF	ICATE O	F DEATH	Registered N	No	30170	
ype or Print	ARE . BES	SSIE			2. DATE	TOBER 24,	1967	2:25 A M,	м.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (II not in hospital or institution, give street				A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND 21230					1)
HOSPITAL OR oddress or locotion) ST. AGNES HOSPITAL					C. CITY OR TOWN (II outside city limits, write RUNAL Dive township)				
40	CATON 8	ORE MD.	S AVES.	D. STREE	6 PUGET	STREET			
FEMAL	E NEGRO	7. MAR	NED, NEVER MARRIED		16-1898	9. AGE an years	Months D	1 Yr. II Under 24 Hrs Doys Hours Min.	5.
A. USUAL Cone during mo	st of working life, even	ind of work 108. KIN if refired)	D OF BUSINESS OR IND		PLACE (Stofe or fo	reign country)	U. S	T COUNTRY?	
BUCK	NAME				GDALENE	Oglas			
	osed Ever in U. S. A nown) (If yes, give w		SECURITY NO.		TANTAGNES			WILKENS	- AV
18. 3 DI	SEASE OR CONDIT			JSE OF DEATH			IN O	NTERVAL BETWEEN	_
heart fail	LEADING TO as not meon the ure, osthenia, etc. complication which	made al dying, It means the dise n coused death.)	e.g., DUE T	relin fo	levois H	accident eart dis.		54 ( 144 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.00*
rise to	ANTECEDENT  OR CONDITION  the obave cau  (ING CONDITION	NS, if any, gi	ving the (C)	racing a	atic au	eurpm.			
OTHER S TO THE DISEASE	GNIFICANT CONDI DEATH BUT N OR CONDITION CA	OT RELATED TO	TING THE						
OTHER S TO THE DISEASE 19A. DATE	OF OPERATION	19B. CONDITION F	OR WHICH OPERATION	20A. A	UTOPSY? (Yes or I	IN CERTIFYING	CAUSES OF DE	CONSIDERED EATH?	=
OR CONT	IDENT WAS UNDER	EOF	218. PLACE OF INJURY home, form, foctory, streetc.)	(e.g., in or obout eet, office bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Bolti	more City, give	exact location)	_
		) (Yeor) (Hour)	21 E. INJURY OCCURRE	D	21 F. HOW DID IN	HILIPY OCCUP?			7
21 D. TIME OF INJUR (APPROX.)			While At No	t While					
22. I cer	tify that (1) (this	deceased alive	ed the deceased from OCTOBEF	While COTOBER	12 67 ond	19 67 to OC		24 6	~ "
22. I cer	tify that (1) (this we) lost sow the ond from the cou	deceased alive	ed the deceased from OCTOBEF	While OCTOBER  24  19  (A) view the I	67 ond	19 67 to OC that in (My) (our)	opinion deoth	occurred on the do	- "
22. I cer that () ( and hour 23A. SIGN	tify that (1) (this we) lost sow the ond from the cou	deceased alive	ed the deceased from OCTOBEF	OCTOBER  24 19  Attending Phys.	Med. Director	19 67 to OC	opinion deoth	occurred on the do	- "
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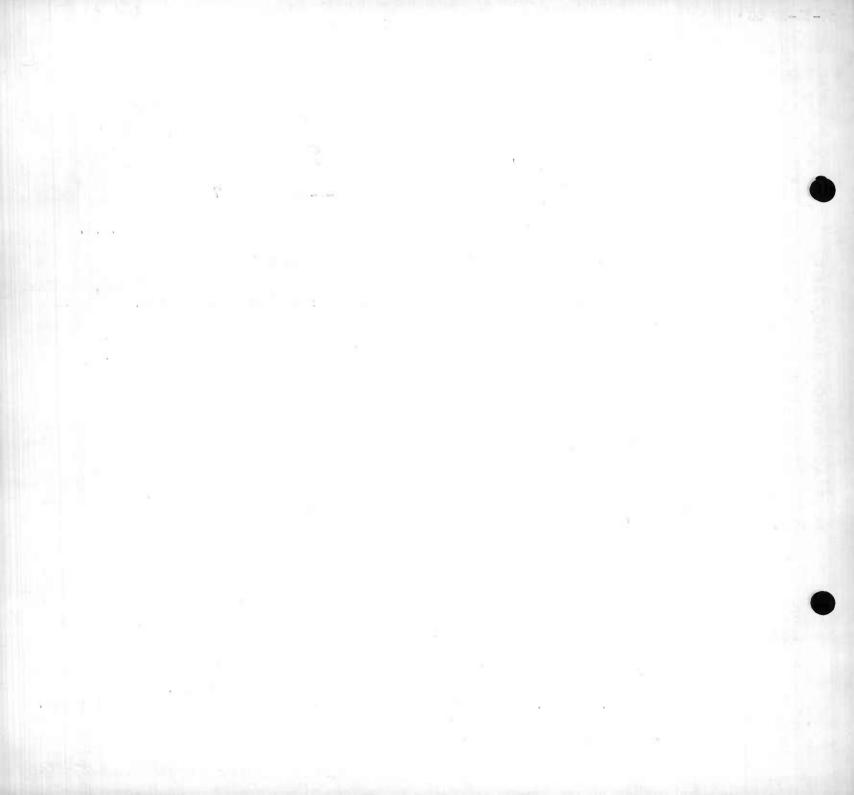
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THE ALTINO - E MARKET TO THE ALTINO

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LIDLIN'S GETTAE-

BIRTH NO.		T A DAME CIT	Y HEALTH DEPARTMENT		67 10171
	520 67	CERTIFICA	ATE OF DEATH	Registered No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
N.E. CASE NO.	CEASED			ID HOUR OF DEATH	
(Type or Print)	40 mars M	1010 0 -	111	114/17	912/3 1
3. PLACE OF D	EATH IN BALTIMORE M.	ARTLAND 30	4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: residence before admission
			A. STATE B. COUN	ITY .	
FULL NAME	OF (If not in hospital  oddress or location	or institution, give street	I VIC S	altimo	120
INSTITUTION		ITY HOSPITALS	C. CITY OR TOWN (11 6)	tside city limits, write	RURAL ond give township)
31	4940 EASTER			rurot, give location)	10-01
		L224m MARYLAND	10.57 5		1 1/10
5. SEX			199561	1 00	iant to
MALE	6. RACE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min
OA USUAL OC		THE TOP STATE OF THE STATE OF T	3-1-10 RY 11. BIRTHPLACE (: afe or fore	57	12. CITIZEN OF
	of working life, even if retired)	0 0			WHAT COUNTRY?
	terrage	Cheek	NORTH CARC		U.S.A.
13. FATHERS NA	AME	/	14. MOTHER'S MAIDEN NA	ME	
	FRANC IS		MARIAM PRO	FORD	
5. Was Deceose	ed Ever in U. S. Armed Fo	orces? 16. SOCIAL	17. INFORMANT		ADDRESS.
res, no of unknov	wn) (If yes, give wor or do	les of service) SECURITY NO.	PERCORDE - BOH 40	IO BACMEDS	21224, MARYLAN
10 4	110	CAUCE	RECORDS: BCH 49	40 LASTERN	
18./63	X		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION D LEADING TO DEATH		0 1 1		7
(This does	not mean the made o	(A)	CA FUN	<u> </u>	1 mas
heart failure	e, asthenia, etc. II mean	s the disease,			
injuly of co	omplication which cause				
	ANTECEDENT CAUSE	S (B)	· · · · · · · · · · · · · · · · · · ·		
	OR CONDITIONS, if the above cause (A)				
	NG CONDITION last.	staling the (C)		***************************************	
	11				
O OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING			
OTHER SIGN	DEATH BUT NOT REL	ATED TO THE			
19A. DATE C	OF OPERATION 198. CO	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED TES
19A. DATE O	WASPE	KIORIVIEU	YES	IN CERTIFIENG CA	OSES OF DEATH!
	ENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimor	e City, give exact location)
	BUTING CAUSE OF 'ify medical examiner)	etc.)	office bldg., INJURY OCCUR?		
WEATH (not	., curcor exommen				
U		(Hour) 21E. INJURY OCCURPED	21E HOW DID IN	URY OCCUP?	
21D. TIME OF INJURY	(Month) (Doy) (Yeor	While At Not Wh	21 F. HOW DID INJ	URY OCCUR?	
21D. TIME			nile 🗀		1.
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	While At Not Wh	nile 🗆	19 67 to 10	) // 8 19.6
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	While At Not What Work At Work	10/5	19 67 10 (	
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210. TIME OF INJURY (APPROX.)  22. I certif that (1) (we and have a	(Month) (Doy) (Yeor by that T) (this hospital b) last saw the deceas and from the causes sta	while At Not What Work At Work	19 and the view the bady after death.  Med. Director	at in (my) (aur) api	238, DATE SIGNED
21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (we and haur al 23A. SIGNAT	(Month) (Doy) (Yeor by that T) (this hospital b) last saw the deceas and fram the causes sta TURE (Type)	while At Not What Work  At Wor	19 and the view the bady after death.  thending Med. Director 23D. ADDRESS BALTI	Stoff Phys. MORE 21224,	238. DATE SIGNED  MARYLAND
21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (we and haur al 23A. SIGNAT  23C. PHYSICI NAME	(Month) (Doy) (Year  by that (T) (this hospital b) last saw the deceas  and fram the causes sta  (TYPE)  DR. NEIL F  REMATION, [248. DATE	while At Not What Work  At Wor	thending Med. Director  23D. ADDRESS  BALTIMORE CITY	Stoff Phys. MORE 21224,	238. DATE SIGNED  10 18 6 7  MARYLAND  940 EASTERN AVE.
21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (we and haur at 23A. SIGNAT	(Month) (Doy) (Year  by that (T) (this hospital b) last saw the deceas  and fram the causes sta  (TYPE)  DR. NEIL F  REMATION, [248. DATE	while At Not What Work  At Wor	thending Med. Director  23D. ADDRESS  BALTIMORE CITY	Stoff Phys. MORE 21224,	238. DATE SIGNED  10 18 6 7  MARYLAND  940 EASTERN AVE.
21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (we and haur al 23A. SIGNAT  23C. PHYSICI NAME	(Month) (Doy) (Yeoring than 1) (this hospital of the causes stand from the causes stand	while At Not What Work  all) attended the deceased fram  and alive an (1) (We) (did) (did not)  A. WILLIAMS ON M.D.  24C, NAME of CEMETERY or C	ttending Med.  23D. ADDRESS  BALTIMORE CITY  REMATORY  24D. L	Stoff Phys. MORE 21224, HOSPITALS 40 CATION (C)	238. DATE SIGNED  10/8/67  MARYLAND  940 EASTERN AVE.  ity, town, or county)  (Stote
21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (we and haur al 23A. SIGNAT  23C. PHYSICI NAME  24A. BURIAL CR REMOVAL  10 — 24	(Month) (Doy) (Yeoring than 1) (this hospital of the causes stand from the causes stand	while At Not What Work  At Wor	thending Med. Director  23D. ADDRESS  BALTIMORE CITY	Stoff Phys. MORE 21224, HOSPITALS 40 CATION (C)	238. DATE SIGNED  10 18 6 7  MARYLAND  940 EASTERN AVE.



.NAME OF DECEASED Type or Print)			2. DATE	AND HOUR OF DEAT	тн		
George E. Mo	ore		Oct	. 23, 1967			
PLACE OF DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	here deceased lived. If	f institution: residence before admiss		
FULL NAME OF (If not in hospital		give street	Maryland				
HOSPITAL OR oddress or locotic	on)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
3537 Belair	Road		Baltimore		710-03		
OO SSS, Belair	Noau		D. STREET ADDRESS	(If rurol, give location)			
			3537 Belai				
Male Caucasian	Marri	NEVER MARRIED  D, DIVORCED (specify)  ied	8. DATE OF BIRTH Dec. 5, 1904	9. AGE (In years lost birthdoy) 62	If Under 1 Yr. If Under 24 Months Doys Hours Min		
DA. USUAL OCCUPATION (Give kind of world one during most of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
machinist	Tool		Manual and				
3. FATHERS NAME	1001		Maryland 14. MOTHERS MAIDEN P	IAME	U.S.A.		
Lawrence M	oore		m1.	h - 4 h - 4 h			
5. Was Deceased Ever in U. S. Armed Fo		1 6. SOCIAL	ELIZA	beth Adams	ADDRESS		
es, no or unknown) (If yes, give wor or dote		SECURITY NO.	INFORMANT		WDDKE22		
No		212-01-0346	Mrs. Eleanor	C. Moore 3	537 Belair Rd.		
18. 420, 1 I		CAUSE O	P DEATH		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A)	ony, giving	(B)			\		
DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION tost.	ony, giving slaling the	(C)					
DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION tost.	ony, giving slaling the	(C)					
DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING	ony, giving slaling the CONTRIBUTING ATED TO TH	(C)	20 A. AUTOPSY? (Yes or		RE FINDINGS CONSIDERED CAUSES OF DEATH?		
DISEASES OR CONDITIONS, if time to the obove cause (A) UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CAUSING TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 1994. DATE OF OPERATION 1198. CONDITIONS CAUSING 1994.	SIGNING THE	G  WHICH OPERATION  -PLACE OF INJURY (e.g., integration, foctory, street, on the form, foctory, street, on the foctory, street, street, street, street, street, street,		No) 208, IF YES, WEF			
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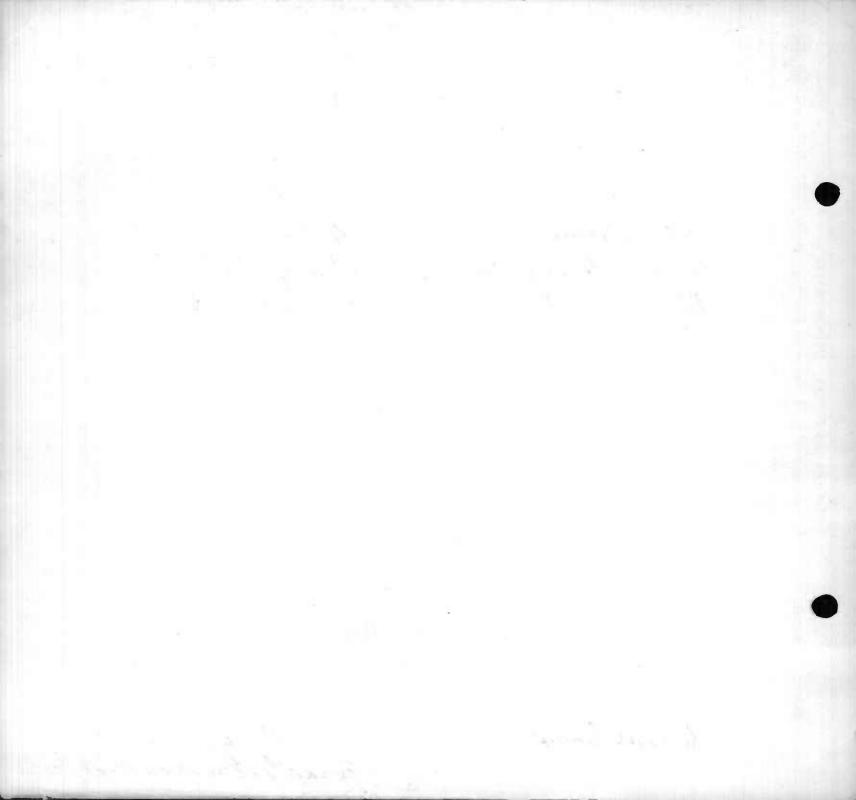
Emman , Artola 5 10/23/67 Marin Hemorial Horo. Ballmare 204 E loppa Rd. 18 30/30/6 Housenste 140 George Schoffer Mary Dinmore 21 - 27 - 21 conjection tant facture Seerodorma williali col of or up 2/2, 81/01 10/23/07 The LOVE 1369 THE = .27, 7 = 1 or = 1 or = 1

0 07 101	BALTIMORE CITY	HEALTH DEPARTMENT	Registered No.	67 10174		
BIRTH NO.  M.E. CASE NO.	74 CERTIFICA	TE OF DEATH	Registered No.			
1. NAME OF DECEASED			HOUR OF DEATH			
Kathryn N. De	Baugh	10-23-67 11:15 am.				
PLACE OF DEATH IN BALTIMORE, MARYLAND			deceased lived. If in	stitution: residence before admission		
FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION	n, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
3 The Johns Hopkins Ho	spital	Parkton D. STREET ADDRESS (If rurol, give locotion)				
		Yeong Road				
Female White M	ed, Never Married  VED, DIVORCED (specify)  arried	10-26-10	AGE (In years ist birthdoy) 56	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
0A. USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working life, even if retired) Housewife	OF BUSINESS OR INDUSTRY	Baltimore Co.		12. CITIZEN OF WHAT SOUNTRY?		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E			
Benjamin Numbers		Hattie Mun				
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	212 03 9639	Hospital Rec	ords			
18. 4 X	CAUSE O			INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH		
LEADING TO DEATH	(A) (le.	De moubli		of mills		
(This does not mean the made of dying, e. heart failure, osthenia, etc. It means the diseas						
injury ar camplication which coused death.)	y I	Julia Carl	V o Pa			
ANTECEDENT CAUSES	(B) WALL	mother ca		180		
DISEASES OR CONDITIONS, if any, givin		0.1				
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	he (C)	a ruch	L			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ING THE	٠ -				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A, ACCIDENT WAS UNDERLYING 12	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	11B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of etc.)	or obout 21 C. WHERE DID		a City, give exact lacotiont		
0	1E INJURY OCCURRED	21F. HOW DID INJU	DY OCCUP?			
\$ 01 1143081	While At Not While		KI OCCOR:			
(APPROX.)	Work At Work					
22. I certify that (I) (this hospital) attended	the deceased from	) - 1 5	67 10 10	-2-3 196		
that (I) (we) lost saw the deceased alive or	1 0			nion death occurred on the d		
ond hour and from the couses stated above.	(1) (We) (did) (did not)	iew the body ofter death.				
23A. SIGNATURE	1 20 0	The oos, onet death,		23 B. DATE SIGNED		
On the Only	A.D. Atte	mding Med. S	toff hys.			
23C. PHYSICIAM'S NAME (Type) Andris Canza	122 - (E) (M.D.	30L ADDRESS	H ing	ush-		
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (C	ity, town, or county) (State)		
Burial 10→26→67	Moreland		Parkwood,			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E of registrar	Wm. Cook→Bro	oks Towson	Towson, Md.		
S 150-REV. 1/1/65						

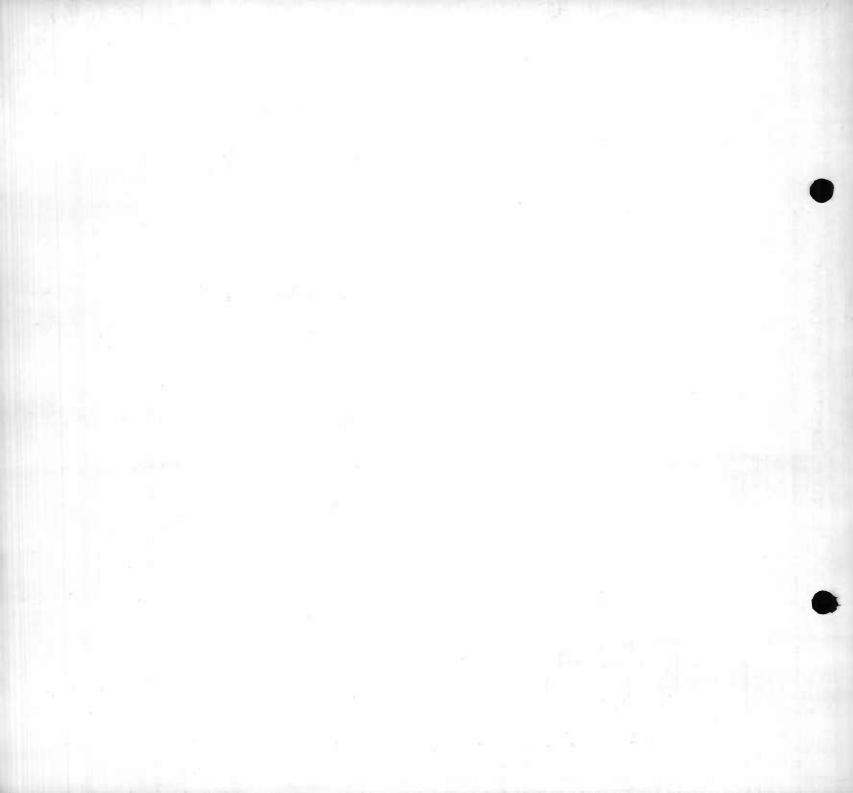
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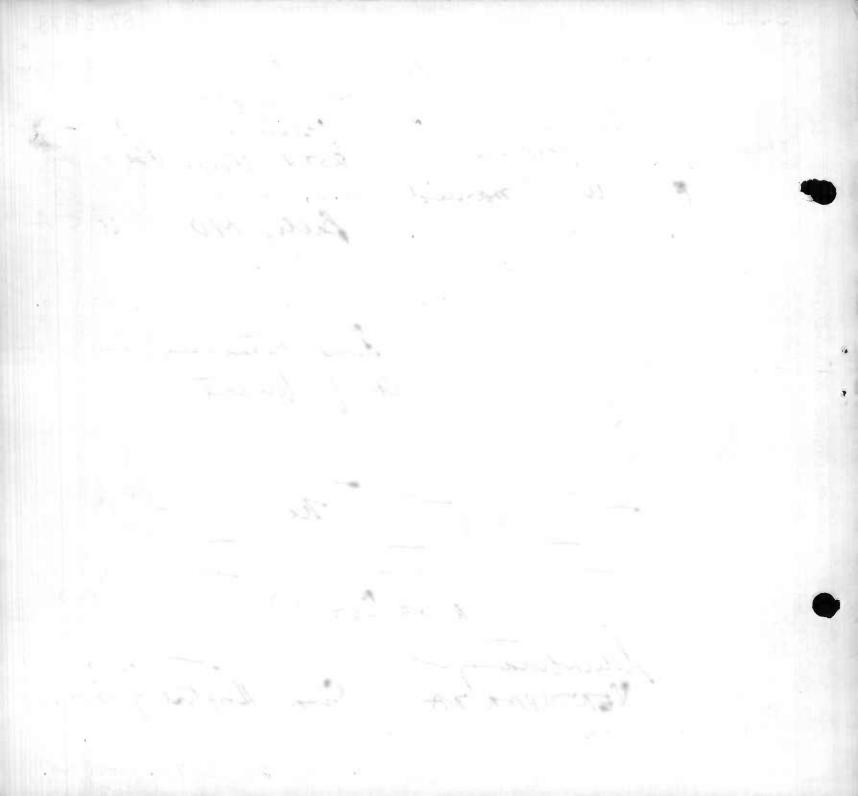
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IMPORTANT

DIRECTOR:

FUNERAL



23C, NAME of CEMETERY of CREMATORY

Lorraine Mausoleum

Charles S. Springate, M.D.

248 NAME OF REGISTRAR

10-27-1967

NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

23A, BURIAL CREMATION,

REMOVAL (Specify)
Burial

VS 151-REV, 1/1/65

October 23, 1967

Md.

(City, town, or county)

23D. LOCATION

24C. FUNERAL DIRECTOR

Woodlawn

G. Howard Strong 3207 W. North Ave.,



LUTHERAN

HOSPITAL

BALTINGRE

THE THUMM IN DET.

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211-03-1293 Boystella Joynes

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Jacob D

F. QUERAL

LOTHERAN HOSPITAL

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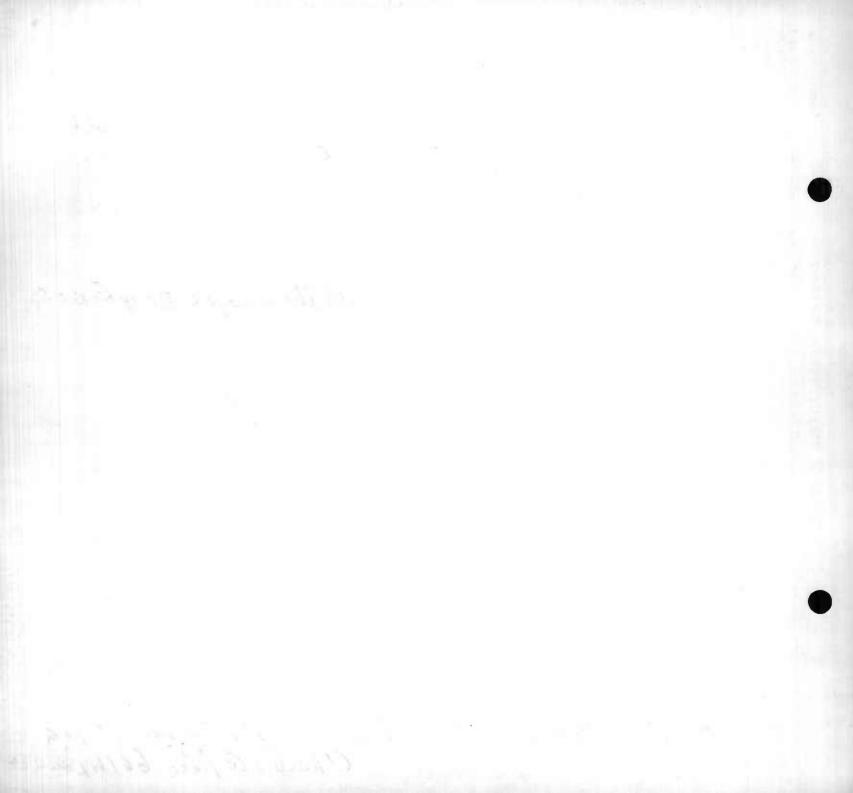
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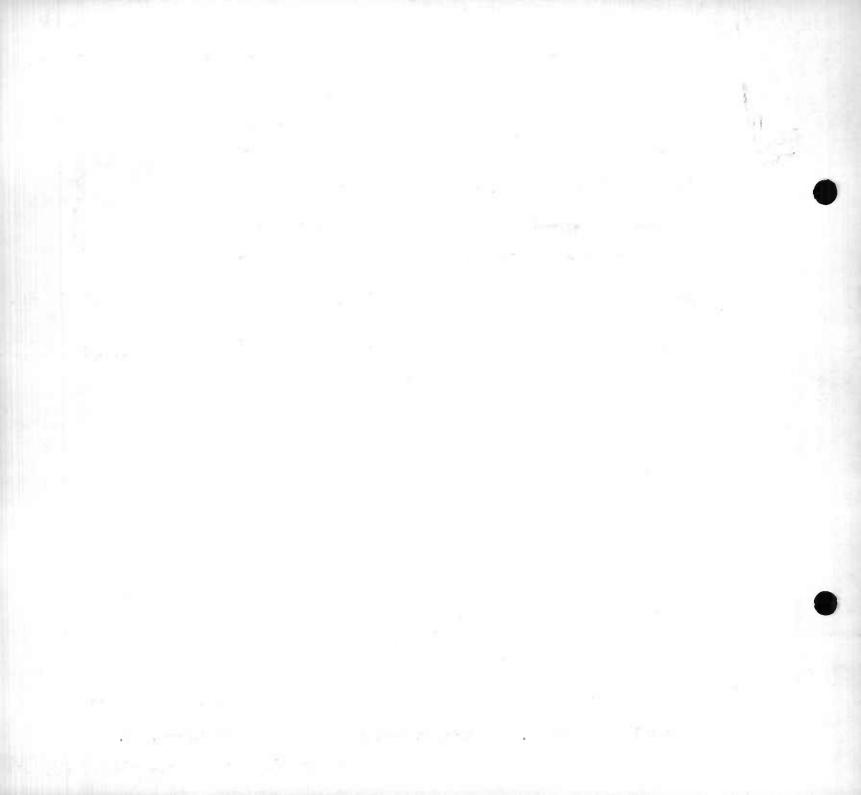
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average, the Belle, Ad. C121A

		CERTIFIC	ATE OF DEATH	Registered Na.	67 10184
M.E. CASE NO.	FASED	7 10184 CERTIFIC	DATE A	ND HOUR OF DEATH	
(Type or Print)	GEORGI	E W. ALTHOFF			1 12 10 2
B. PLACE OF DEA	TH IN BALTIMORE, MA		4. USUAL RESIDENCE (Wh	ere deceased lived. If in	1 12.10 a.m
			A. STATE B. COU	NTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)			Maryland		PILIPAL .
INSTITUTION			Baltimore		RUKAL and give township
00	51.01. Mar	cello Road		rural, give location)	0100
00	7404 MOI	rello nodu		llo Road	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
male	white	WIDQWED, DIVORCED (specify)		last birthday)	Months Days Hours Min.
		married	6-1-99 RY 11. BIRTHPLACE (State or for	68	Un CITIZEN OF
lane during most of v	working life, even if retired)	BUSINESS OF INDUST	AT 11. BIRTHFEACE (Signe of loss	eigh country)	12. CITIZEN OF WHAT COUNTRY?
plaster	er (Retire	d)	Emmettsbur	g, Md.	USA
3. FATHER'S NAM	AE		14. MOTHER'S MAIDEN NA	ME	
	George F	. Althoff	Mary Sand	ers	
5. Was Deceased	Ever in U. S. Armed For	ces? [1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give war ar date	s of service) SECURITY NO.	Man a Amar D	Althorr	FIOI Manalla Pa
NO 18. 7 /			OF DEATH	Althorr -	5404 Morello Ro
UNDERLYING	PR CONDITIONS, if obove cause (A) CONDITION lost.  II  FICANT CONDITIONS CEATH BUT NOT RELA	stating the (C)	abites mellitu		18 yeurs
DISEASE OR	CONDITION CAUSING I	T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	a) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
	WA3 LEK	OKMED	12	IN CERTIFIED CA	OSES OF BEATH!
2					
OR CONTRIBU	TING CAUSE OF medical examiner		affice bldg., INJURY OCCUR?	(If in Baltimar	e City, give exact lacation)
OR CONTRIBU DEATH (notify	TING CAUSE OF	hame, farm, factory, street, etc.)	office bldg., INJURY OCCUR?		e City, give exact lacation)
OR CONTRIBU	medical examiner)	hame, farm, factory, street, etc.)  1Hour)  21E. INJURY OCCURRED  While At Not W	office bldg., INJURY OCCUR?  21F. HOW DID IN		e City, give exact lacation)
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S	EX	6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 H Months Days Hours Min
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

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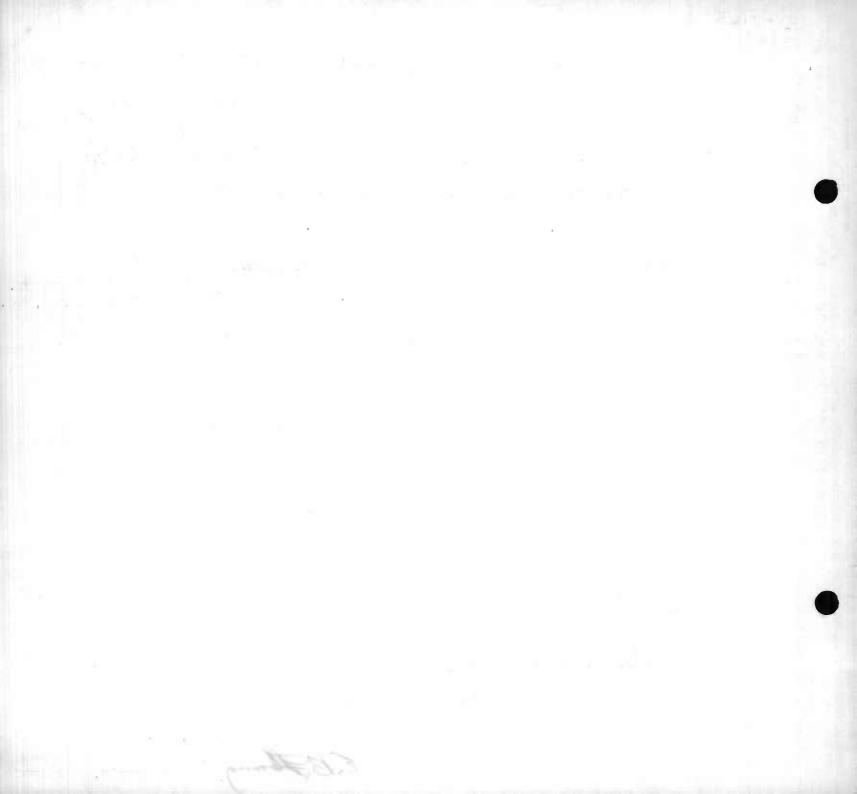
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chie chie Bod he y sic	E	19A, DATE OF OPERATION 19B. CON
FUR tal by e; (2) Bo here th	E	21 A. ACCIDENT WAS UNDERLYING
T H C C S e c c c c c c c c c c c c c c c c c c		OR CONTRIBUTING CAUSE OF
FL by the pital b re; (2) where No ph	2	DEATH (notify medical examiner)
d by to	MEDICAL	OF INJURY (Month) (Doy) (Year)
FUNE proved by the chie he hospital by a ny nature; (2) Bod except where the and (6) No physic btained before th	<	(APPROX.)
o he he		22. I certify that ## (this hospital
an a		that # (we) lost sow the decease
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and hour and from the causes sta
se s		23A. SIGNATURE
ide book		Jona Suc
reate must be app was released to the An accident of an L. at a hospital (e prior to death); c		23C. PHYSICIAN'S
ate at at roi		NAME (Type)
P P P P	211	Sang Suc
This certificate must be approved by the chief medical examiner the body was released to the hospital by a medical examiner. shows: (1) An accident of any nature; (2) Body burns; (3) A fractul was D.O.A. at a hospital (except where the physician who prodeceased prior to death); and (6) No physician was in regular written approval must be obtained before the remains are embal	24A	REMOVAL (Specily)
his ce he boc hows: vas D.		Burial 10/27/
nis nov ds	25A	DATE REC'D BY HEALTH DEPT.
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67 1	0188 BALTIMORE CITY	HEALTH DEPARTMENT	11	07 40400
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	6/ 10100
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
(Type or Print)	1 1500	=47 11-	211/2	(1:30 1)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	n. NE gg	4. USUAL RESIDENCE (Whe	re declared lived. It in:	stitution: residence before admission)
	00	A, STATE B. COUN	1	
FULL NAME OF (If not in hospital or instit	ution, give street	11/21/4	aNO	Anne Arundel
INSTITUTION		C. CITY OR TOWN	iside city limits, write K	(URAL and give township)
40		D. STREET ADDRESS (III	rurdi, give location)	E. 02-00
C 11 12 11: 4. 7 = 1	7 111	J. SIRCEI ADDRESS	2 n. 1	011
South Baltimore G	GIVEYU 1708F	1/2/21	HVE	2. N.
S. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.
F. White	vidow	6-13-76	7/	
IOA, USUAL OCCUPATION (Give kind of work) 10B, Kt	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	wn Home	Phila.	Pa	USA
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME .	
Harry Atha XXXXX	XXXX	1	. 11 Wa	lker
5. Wos Deceosed Ever in U. S. Armed Forces!	1 6. SOCIAL	17. INFORMANT	la	
Yes, no or unknown) (If yes, give wor or dotes of se	rvice) SECURITY NO.		(daugh	410 Irene Or
No None	216-20-4864	Mrs. Lula Mae	Burkingine	Glen Burnie, Mo
18.24	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0		ONSET AND DEATH
LEADING TO DEATH	(A) COOM	restive heart	failure	
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the di				
injury or complication which caused death.		. 0 000 011.	4-1	
ANTECEDENT CAUSES	(B) (B)	rial furnilla	un	
DISEASES OR CONDITIONS, if ony,	giving A	)		
rise to the obove couse (A) stoling		aucoma,	fsevD.	0 6 min shi na 18 min 18 0 min 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYING CONDITION Iosi.				
Z CONTROLL CONTROL				
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20R IF YES WEDE I	EINDINGS CONSIDERED
198. CONDITION WAS PERFORMEN		Vec	IN CERTIFYING CAL	USES OF DEATH?
	218. PLACE OF INJURY (e.g., i	n or about 2 C WHERE DID	Uf in Boltimore	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF	hame, larm, factory, street, o	ffice bldg., INJURY OCCUR?	(i) iii ooiiiilore	City, give exoct loconom
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Yeor) (Hour	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work At Work			
22		0 10	19 67 to	10-211 10/2
22. I certify that ## (this hospital) after	1	4 4-		0-24 19 67
that the (we) lost sow the deceased aliv	. /		of in tempe) (our) opin	nion death occurred on the date
and hour and from the causes stated abo	ove. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	20 0			23B. DATE SIGNED
Sono suck	MUN M.D. Att	ending Med. Director	Stoff Phy s.	10-24-67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
NAME (Type) U	101 U M.D.	1119 1 in h	1 C1n	+
MA RURIAL CREMATION MAR DATE	24C. NAME OF CEMETERY OF CR	EMATORY 1917	CATION (C)	ly, town, or county) (State)
AA. BURIAL CREMATION, AB. DATE REMOVAL (Specily)	Z-O., - MINIE OF CR	724D. L	OCATION (Cit	ly, town, or county) (State)
Burial 10/27/67	New Cathedral	Cemetery B:	altimore, M	aryland
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTEAR	25C. FUNERAL DIRECTOR		ADDRESS
A POCKET	A MY MONDOON AND	E Bothen		eton Funeral Home
VS 150-REV. 1/1/65	7 77 7 77		1 0180	Burnie, Maryland



Such

1. NAME OF DECEASED (Type or Print)  Christie M. Griffith  3. PLACE OF DEATH IN BALTIMORE MARYLAND			riffith	Octo	ber 23, 196	7 1/2	5.5 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY  Maryland					
HOSPITAL OR Oddress or locotion)  Gould Convalesarium  6116 Belair Road.		C. CITY OR TOWN (If o		RURAL and give to	S-O		
				f rural, give location) Street 21	1225		
S. SEX  Remale	6. RACE	WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH  July 21, 1892	9. AGE (In years last birthday)	If Under 1 Yr. Months Days	If Under 24 Hr Hours Min.
IOA, USUAL OC	CUPATION (Give kind of water working life, even it retired	ork 108, KIND	of Business or Industr	Y 11. BIRTHPLACE (State or for Crisfield, 1	reign country)	12. CITIZEN OF WHAT COU	
13. FATHERS NA	en Mason			14. MOTHER'S MAIDEN NAME  Carrie Swift			
5. Wos Decease	d Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRE	200
No  18.  Olse A  (This does heart failure	ASE OR CONDITION LEADING TO DEAT nal mean the made , asthenia, etc. It mea	DIRECTLY H al dying, e,	SECURITY NO.	Mr. H. Frank G		17 Dorchest	er Road
No  18.  OISEA  (This does heart failure injury ar ca	ASE OR CONDITION LEADING TO DEAT nal mean the made a asthenia, etc. It mean implication which caus ANTECEDENT CAUS  OR CONDITIONS, in above cause (A	DIRECTLY H al dying, e. ns the disea ed death.) ES f any, givi	g., Security No.  CAUSE Control  Grape  Grap	Mr. H. Frank G		17 Dorchest	er Road
This does heart failure injury ar call UN DERLYIN  OTHER SIGN TO THE DISEASE OF T	ASE OR CONDITION LEADING TO DEAT nat mean the made to a sthenia, etc. It means that cause of the conditions of the condi	DIRECTLY H al dying, e. ns the disea ed death.) ES f any, givi A) stating 1  CONTRIBUT	g., SECURITY NO.  CAUSE ( Grate)  g., See,  CAUSE ( Grate)  g., See,  CAUSE ( Grate)  Grate	Mr. H. Frank Go DE DEATH riascleratic C ted Chronic	-Vdiseas myscard	17 Dorchest INTERVA ONSET  10 20 y	er Road
This does heart failure injury ar car DISEASES rise to 1 UN DERLYIN OTHER SIGN TO THE DISEASE OI 19A. DATE CO 21A. ACCID	ASE OR CONDITION LEADING TO DEAT nat mean the made of asthenia, etc. It means the cause of the conditions of the cause of the cause of the condition causing of operation 198. Condition causing of the condition cause of the condition causing of the condition cause of the cause of the condition cause of the condition cause of the condition cause of the cause of the condition cause of the cau	DIRECTLY H al dying, e. ns the disea ed death,) ES f any, givi A) stating 1  CONTRIBUT ELATED TO G IT.  DINDITION FO ERFORMED	g., SECURITY NO.  CAUSE CONTROL  GAUSE CONTROL  GAU	Mr. H. Frank G. DF DEATH  reasclarate  Chronic  20A. AUTOBY? (Yos of Manner of Obout   21C. WHERE DID	Mycara  Noll 208. IF YES TERE IN CERTIFIED C.	17 Dorchest	EET ROAD
This does heart failure injury ar car DISEASES rise to 1 UNDERLYIN OTHER SIGN TO THE DISEASE OI 19A. DATE OF CONTRIL OR CONTRIL DEATH (notice)	ASE OR CONDITION LEADING TO DEAT nat mean the made of asthenia, etc. It means the implication which cause of the conditions of the conditions of the conditions of the condition cause	DIRECTLY H al dying, e. ns the disea ed death.) ES f any, givi A) stating 1  CONTRIBUT ELATED TO GIT.  DINDITION FO ERFORMED	g., SECURITY NO.  CAUSE CONTROL OF THE MANUAL OF THE MANUAL OF THE MANUAL OF THE WHICH OPERATION  21B. PLACE OF INJURY (e.g., nome, larm, factory, street, or street,	Mr. H. Frank G. DF DEATH  reaclirate  Chronic  20A. AUTOBY? (Yos of Manufactura)  in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	Myscard  Outseas  Out	Intervence on Set of Death?	CET ROAD
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23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 10/26/67 HBASTH | BEST7 | 258 NAME OF REGISTRAR

PLUS E, TOURSE M. Culley Funer Burial 25A. DATE REC'D'BY ADDRESS Tuneral Home 237 Patapaco Ave. VS 150-REV. 1/1/65

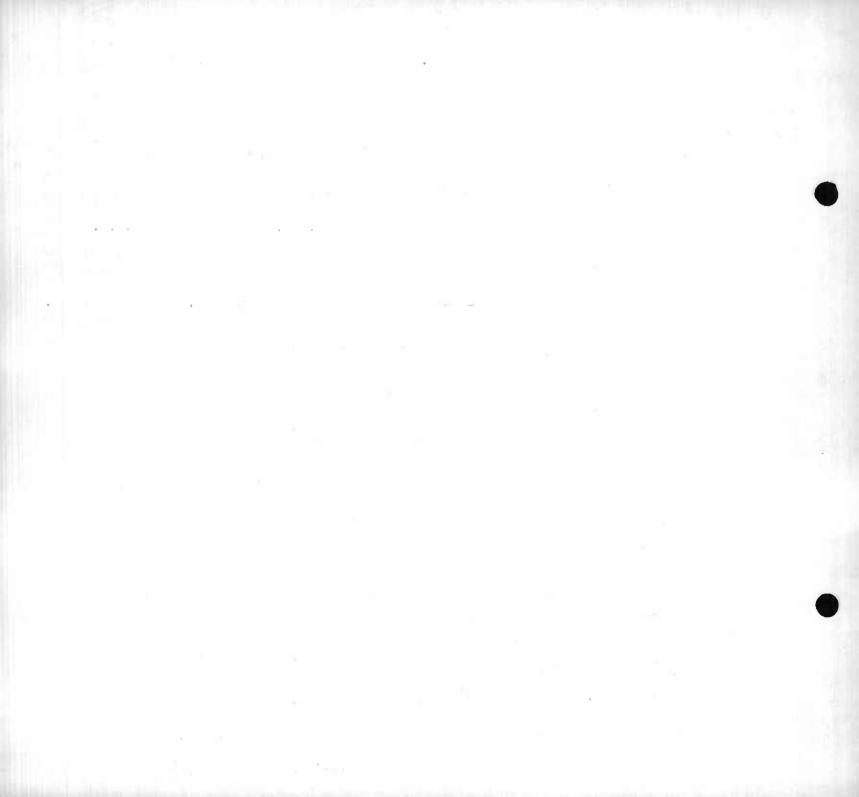
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BALTIMORE CITY HEALTH DEPARTMENT 10190 CERTIFICATE OF DEATH ting cause of death a cause; (5) Deceased attendance on the orior to death. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) October 23, 1967 HILLEBRAND, Frances M. 4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission)
A, STATE B, COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street Maryland HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore prior 508 South Quail Street contributing D. STREET ADDRESS (If rurol, give location) 508 South Quail Street #24 Baltimore, Maryland etermined in regular 9, AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Und Months Doys Hours If Under 24 Hrs. lost birthdox 66 yrs deceased WIDQWED, DIVORCED (specify) May 18, 1881 female white widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? (4) Und Balto. Md. U.S.A. 1st National Bank Char Lady Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbara Loeffler John Eydelloth death 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 217-11-1267 Madeline Ortt, dght., 3444 Erdman Ave. pronounced 1B. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, regular injury ar complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the physician the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 9A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING where 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF to the hospital °Z. DEATH (notify medical examiner) 9 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While I (APPROX.) At Work and Work that (1) (we) lost sow the deceased alive on 10-11- 1967 .....and that in(my) (eer) opinion death occurred on the date hospital eath) ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending written approval Phys. Phys. PHYSICIAN'S MAME (Type) 23 D. ADDRESS at Dr. John Costantini 23h South Conkling Street D.O.A. 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specily) deceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) the body Loudon Park Cemetery Balto., Md. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS chimunek Funeral Home VS 150-REV, 1/1/65



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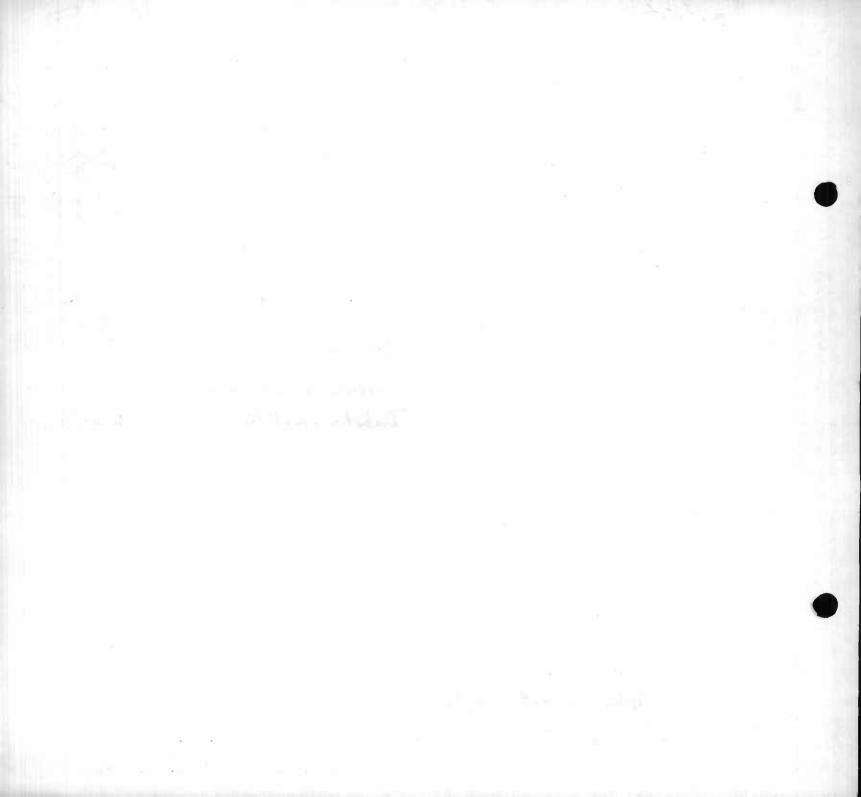
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY FULL NAME OF (If not in hospital or institution, give street Md. HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give townshi INSTITUTION Baltimore Sinai Hosp. D. STREET ADDRESS (If rural, give location) 5332 Hamlin Ave. made MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours: Min. lost birthdoy) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) disposition is 12. CITIZEN OF dane during most of working life, even if retired) WHAT COUNTRY? Baltimore Transit Maryland Painter 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Charles Keeney Annie Beard 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) Mrs. Sophia Keeney, 5332 Hamlin Ave. W #1 yes 18. / CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO heart failure, osthenio, etc. It means the diseose, injuly of complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the the remains UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION WAS PERFORMED CERTIF 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an... ond that in (my) (our) apintan death accurred an the date. and hour and from the causes stated abave. (1) (We)/(dld) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. deceased prior to written approval Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Sinai Hosp. M.D. 24A. BURIAL CREMATION, 24B. PATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Baltimore, Md. Burial Moreland Memorial Vermen Lemmin 4611 Park Heights Ave. VS 150-REV. 1/1/65

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE Ave single line as a process of the

AL DIRECTOR: IMPORTANT	nedical examiner or his assistant if death occurred in a hospital and edical examiner. Also, if the direct or contributing cause of death ourns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased sysician who pronounced death was in regular attendance on the anxiety of the deceased prior to death. Such ourse, or the deceased prior to death.	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approach and the obtained hebrined hebreined hebreine	

11-460 07 10	BALTIMORE CITY HEALTH DEPARTMENT	67 10192
IRTH NO. A.E. CASE NO.	192 CERTIFICATE OF DEATH	Registered No.
NAME OF DECEASED	h/1 · 1/	NO HOUR OF DEATH
Mary K	· 111/1EP 10-	-25-67 6.05A
PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUN	re deceased lived. If institution; residence before admiss
FULL NAME OF (If not in hospital or institut	ian, give street	1.Nd
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN CHIPTON	tside city limits, write RURAL and (more downship)
143	Balti	MOPE = 2/230.
0 11 0 11: 5.0	D. STREET ADDRESS (IF	rural, give location)
South paltimore GE	VEral 1705P. 132 W.	CIEMENT ST.
6. RACE WIDO	NED, NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 Months Doys Hours Min
F. White	Vidow 4-1-95	72
OX. USUAL OCCUPATION (Give kind of work 10B, KIN) one during most of working life, even if retired)	O' OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or fore	ign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Paryland . USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME
Hanny Smi	26 Fli2	chetle
5. Was Deceased Ever in U. A. Armed Forces? res, no or unknown)(If yes, give war or dates of serv	16. SOCIAL 17. INFORMANT	ADDRESS
NO	Mr. Charles S.	Miller 1320 Maple Ave. 27
118. 0/0 / 1	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	(A) (Iremia	3 years
(This does not meen the made of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO	
injury ar camplication which caused death.)		(-1
ANTECEDENT CAUSES	(B) Chronic henal	tailure 3 years
DISEASES OR CONDITIONS, if ony, gi	ring 117	undetermin
rise la lhe abave couse (A) sloling UNDERLYING CONDITION lost.	the (c) Diabetes mellit	as Undetermin
THE THE CONDITION ISS.		
OTHER SIGNIFICANT CONDITIONS CONTRIBL	TING	
TO THE DEATH BUT NOT RELATED TO	THE	
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION 20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	No.	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exoct location)
DEATH (notify medical exominer)	etc.)	
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJ	URY OCCUR?
OF INJURY (APPROX.)	While At Not While Work At Work	
		-/-
22. I certify that (this hospital) attend		1967 10 10-25 196
that # (we) lost sow the deceased alive		ot in(編輯) (our) opinion death occurred an the
	e. (1) (We) (dld) (did not) view the body after deoth.	
23A. SIGNATURE	n. ,	23B. DATE SIGNED
JOHN HIHERT	Sight M.D. Attending Med. Director	Stoff Phys. 2 10-25-6
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
John allrest	Dichee M.D. 12/2 Lia	6+ 57
4A. BURIAL PREMATION, 24B. DATE 24	10/5/10/9	OCATION (City, town, or county) (State
REMOYAL (Specify)		
Burial 10 28 67		Balto. Md.
	ME OF REGISTRAR 25C. FUNERAL DIRECTOR	
THE TENTH TURE / //3 /7 No Si		
S 150-REV. 1/1/65	Farley Mc Cully	130 E. Fort we



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## 67 10194 - BATTIMORE CITY HEALTH DEPARTMENT

67 10194 - BATTIMORE CITY HEALT	TH DEPARTMENT	67 10194
	ERTIFICATE OF DEATH Registered No	01 10101
M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD	
LORRAINE PATTERSON (A Clen	October 2, 1967  A. USUAL RESIDENCE (Where deceased lived, if institution: resi	1:25 p.m.
	A. STATE  B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL o	nd give township)
Union Memorial Hospital	Baltimore D. STREET ADDRESS (If rurol, give locomon)	9-00
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1355 Gorsuch Ave.   B. DATE OF BIRTH   9. AGE (In yeors   If Unde	r 1 Yr, If Under 24 Hrs.
WIDOWED, DIVORCED(specify)	lost birthdoy Months	Doys Hours Min.
Female Colored married	3-11-28 39	
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZ	
done-during most of working life, even if retired)	(1110 - n r 7/	AT COUNTRY?
	14. MOTHER'S MAIDEN NAME	
el (IT	11- h +	
NSWAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL	IT, INFORMANT ADDRESS	
Yes no grunk own, (If yes, give wor or dotes of sprvice)   16. SOCIAL   SECURITY NO.	ADDRES!	
70	Elliatt Vatterson-	1355 home
IB. CAUSE	OF DEATH	INTERVAL BETWEEN
E88011	,	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tis lallo	
(This does not meon the mode of dying, e.g.,	restrol of allerhol &	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Consitalization + Original	
injuly of complication which coosed acousts	anacypoune	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GOVERNMENT OF WHICH OPERATION WAS PERFORMED		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		(C)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS C	ONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DI	
	YES	
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	in or obout 21C. WHERE DID (If in Boltimore City, give exact leffice bldg., INJURY OCCUR?	ocotion)
Z 21A. EXTERNAL CAUSE WAS  O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	in and were	10-00
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. POW DID INJURY OCCUR?	
OF INJURY		
	ORK Canhacur	well dinesses
22. I certify that I held an Inquiry Inspection Auto	opsy XX and that on this basis, death In my opinion	
resulted from: Natural causes Accident Suicide	Homicide Undotermined monner	
15/1/11	CHIEF MEDICAL EXAMINER	DATE CICHED
ACTUAL SCHOOL IN IS	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
	ASSOCIATE MEDICAL EXAMINER	nor 2 1067
PAME (Type) Edward F. Wilson, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or	r CREMATORY 23D. LOCATION (City, town, or	ber 3, 1967 (Stote)
REMOVAL (Specify)	Charles (City, 10wil, or	131010
Burist 10-6-17 Baltin	rent Salting	md
24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR	249. FUNERAL DIRECTOR	ADDRESS
COTOCION A C. O. T. O.	VI 10 - 01	a Alinik
UG. 26 190! ( Chest E. Jakey F.)	Turnell of Vilen	SaltaM
VS 151-REV. 1/1/65		Jan Villa

OM 1	DA OF BALTIMORE CIT	Y HEALTH DEPARTMENT		67 10195
BIRTH NO. 67 1	CERTIFICA	TE OF DEATH	Registered No	01 10130
M.E. CASE NO.  1. NAME OF DECEASED			ID HOUR OF DEATH	
(Type or Print) FIGGS, SAR	AH		10/15/67	2.10 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAN				itution; residence before admission
		A. STATE B. COUN	117	
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itution, give street	C. CITY OR TOWN (IF OU	tside city limits, write RU	IRAL and give township)
INSTITUTION		BALTIMORE		10-0
LUTHERAN HOSF	NTAL		rurol, give location)	/
		1545 BRUCE	. ST.	
	ARRIED, NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min,
F C "	DOWED, DIVORCED (specify)	8-2/0/8/6	71	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OA. USUAL OCCUPATION (Give kind of work 10 B. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
lone during nost of working life, even if retired)				WHAT COUNTRY
3. FATHERS NAME		14, MOTHER'S MAIDEN NA	ME	
Eli Danti		T	11:0	7
S. Wos Decaused Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	vasor	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of s	SECURITY NO.	The state of the s	0	1001133
/)(0	814-30-898	MITUSCILLA	Summer	ille_1515 Bu
18.33/XI	CAUSE	OF DEATH	/-	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			01 400 100 15	
LEADING TO DEATH (This does not meon the mode of dying		EBRAL VASCULA	IN ACCIDIENT	HOURS
heart failure, asthenia, etc. It means the d	iseose,			
injury or complication which coused death	(B) C.E.C.E	BRAL ARTERI	OSCLEROSIS	YEARS
ANTECEDENT CAUSES	DUE TO	•••••		
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stating				7.550
UNDERLYING CONDITION Iosi.				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.		120 A A A A DE PONTO (M. A. A.)	V 000 15 110 110 110 110	
194. DATE OF OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	SES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INTERVA	in or about 21C. WHERE DID	(If in Rollinson )	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street,	office bldg., INJURY OCCUR?	on in political	Ony, give exect loconon;
U	etc.)			
21D. TIME (Month) (Doy) (Year) (Hou		21F, HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Wh			
22. I certify that (I) (this hospital) atte	nded the deceased from	10/13	19 67 to	10/15 1967
that (I) (we) lost saw the deceased oli	10/15			an death occurred on the d
			το τη του τ	
and hour and fram the couses stoted ob	ove. (I) (we) (did) (did not)	view the body after death.		23B. DATE SIGNED
F Ound	M.D. A	tending Med.		10/15/67
V. 9 3,00	Ph	ys. Director	Stoff Phys.	(-), (-)
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 110.0.	4.1
F. QUERAL	M.D	LUTHERA	N HOSPIT	AL
24A BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of C	REMATORY 24D, L	9 CATION (City,	, town, or county) (State)
BEMOVAL (Specify)	nous Path	udas 1	alto	mid
25A, DATE REC'D BY HEALTH DEPL 25B. N	AME OF REGISTRAR	25C. EVINERAL DIRECTOR	1	ADDRESS
961 26 1967 113			- 2	1 1
NIA.	See 15 E STA DE 18 8	T10 - 100 6	10 . 0	Salta und.
VS 150-REV. 1/1/65	Leut E. Falley M.A.	Twinells	Oden-	Balto ma.

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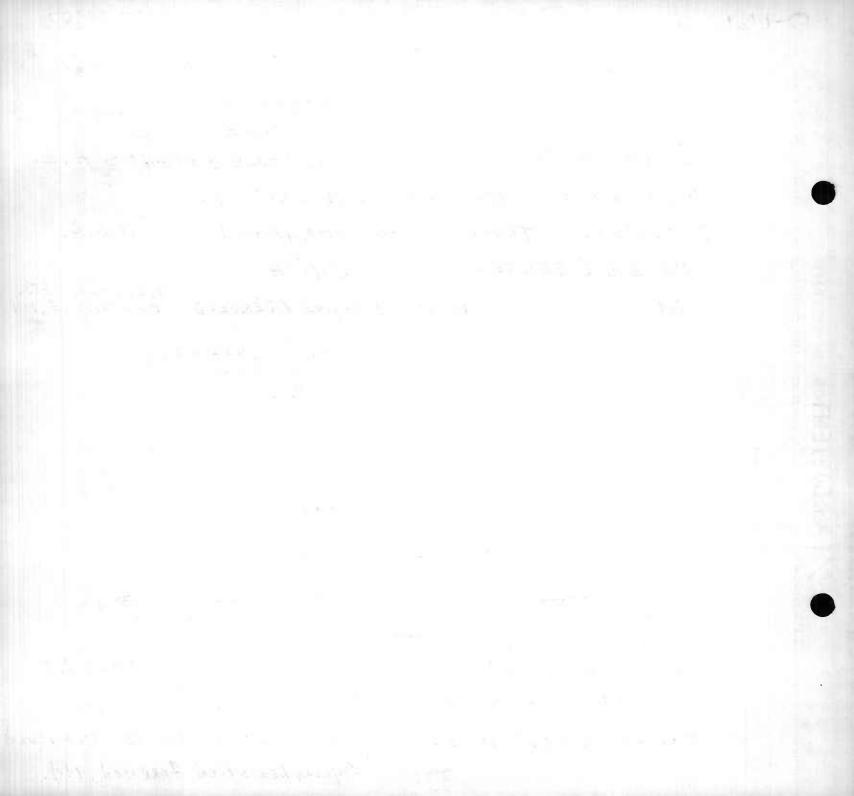
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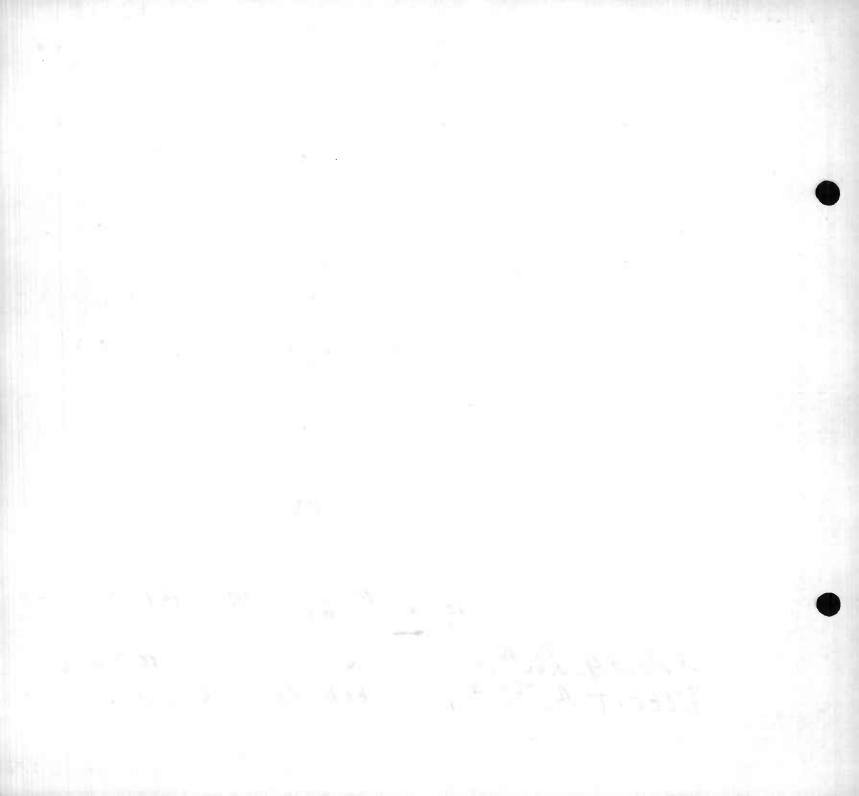
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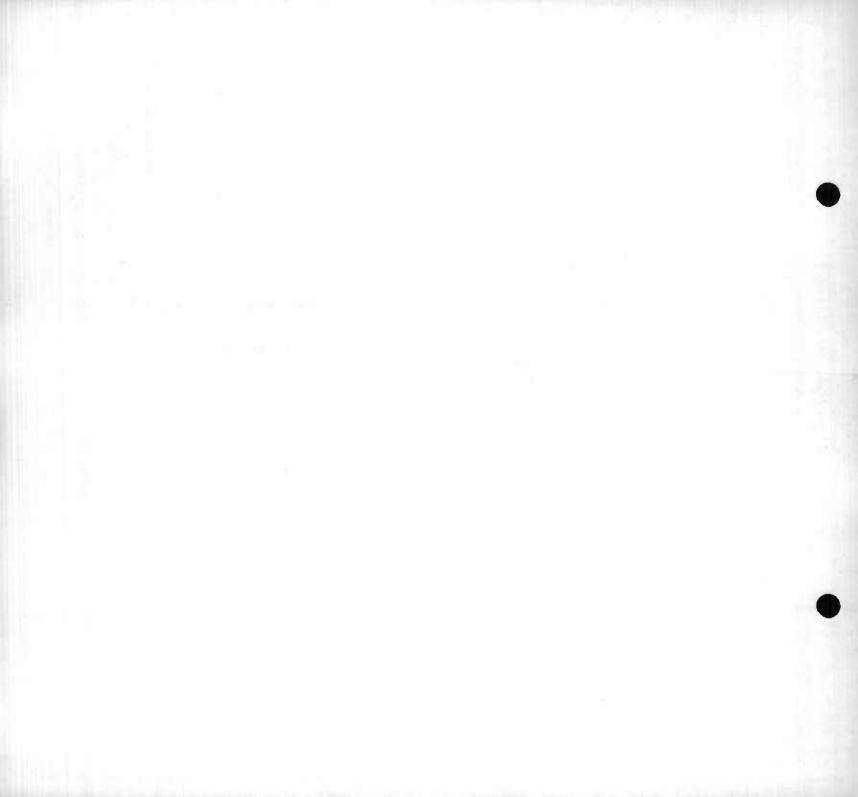
67 4	0197 GEDTIELGA	HEALTH DEPARTMENT	CM 1010M			
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	. 67 10197			
M.E. CASE NO.  1. NAME OF DECEASED ,		2. DATE AND HOUR, OF DEAT	Н			
(Type or Print)	11111BAN OKEI	RFF.CD 10/27/67	1420			
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)			
		A. STATE B. COUNTY				
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itulion, give street	C. CITY OR TOWN (If outside city limits, write	O DIIDAI and all the same and t			
INSTITUTION		BALTIMORE	Township Iowinship			
20:10:11		D. STREET ADDRESS (If rural, give location)	to the same of			
SINAI HOSPI	TAL	7/21 PARIC HEL	GHTS AVE.			
5. SEX   6. RACE   7. M.	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years				
MALE WHITE	MARD (Specify)	6-16-1905 ost birthdoy)	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF			
done during most of working life, even if retired)	Quel O-ITAL	41120 . 12 1	WHAT COUNTRY?			
13. FATHERS NAME	RUCK RENTAL	MITTIGNITION	U.S.A.			
		NOTITERS MAIDEN NAME				
MEYER OBERI		EdiTH				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7121 PARK HGTS.			
No	717-18-1939	MAYME OBERFELD	BALTIMORE, Md			
1B.	CAUSE	F DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY		0 1	ONSET AND DEATH			
LEADING TO DEATH	(A)	Cerebro vascula				
(This does not meen the mode of dying heart failure, asthenia, etc. Il means the d		ecident crisease-				
injury or complication which coused death	.)	On AC				
ANTECEDENT CAUSES	(B)DUE TO	7				
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) station						
UNDERLYING CONDITION Iosi.	g the (C)					
11						
O THE SIGNIFICANT CONDITIONS CONTR						
DISEASE OR CONDITION CAUSING IT.						
OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME  19A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?			
E 214 ACCIDENT WAS UNDSPINING	7010 81 4 65 66 14444644	100				
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o	ffice bldg., INJURY OCCUR?	ore City, give exact location)			
U	etc.)					
OF INJURY (Month) (Doy) (Year) (Hou		21 F. HOW DID INJURY OCCUR?				
(APPROX.)	While At Not While Work At Work	e				
22. I certify that (I) (this hospital) atte	22. I certify that (I) (this hospital) attended the deceased fram 19 66 to 19 ,					
that (1) ( last saw the deceased ali	4 **	00	pinlan death occurred an the date			
		,	printin dearn occurred an the date			
and haur and from the causes stated ab	ave, (I) (we) (did) (did.net)	view the bady after death.	23B, DATE SIGNED			
100	M.d. AH	ending Med. Staff	10/2 // //			
flored 6	Thy Phy	s. Director Phys.	10/24/67			
23C. PHYSICIAN'S NAME (Type)	1-4	23D. ADDRESS	0 7			
Leonard My	10/65 M.D.	III Varke heigh	(F (-) UE			
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, or county) (State)			
BURIAL 11-29-67	UNITED HER	REW BALTIMOR	E CO. MARYLANC			
25A. DATE REC'D BY HEALTH DEPT. 25B. N	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
OCT 9 6 1967 A 0	R. S. Fallenta	SYLVAN LEWIS & SON G	nenisal Md			
		TANTIN NEWS STOULD	MINE LIVE LIVE			



00 1010	BALTIMORE CITY	HEALTH DEPARTMEN	T	67 10198
BIRTH NO. 67 1019	CERTIFICA	TE OF DEATI	Registered No	
M.E. CASE NO.	CENTITION			
1. NAME OF DECEASED (Type or Print)	MANDONIA		E AND HOUR OF DEAT	
	MOKROUS	(	OCT 24 19	67   620P. N
PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. C	Where deceased lived, If OUNTY	institution: residence before admission
FULL NAME OF (If not in hospital or institution, g	ive street	MAR	YLAND	
HOSPITAL OR oddress or focotion)		C. CITY OR TOWN	If outside city limits, write	e RURAL and give township)
KENESAW NURS ING	HOME	BAL	TIMORE	
0 2601 ROSLYN AL	E	D. STREET ADDRESS	(If rurol, give location)	
2601 1102 2/11 130		527 NC	AROLINE	51
S. SEX 6. RACE 7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
WIDOWED	, DIVORCED (specify)	UNK	lost birthdoy)	Months Doys Hours Min.
MALE WHITE NEVEL  OA, USUAL OCCUPATION (Give kind of work 108, KIND OF	RMARKIES	D/Y'S	80	DO COTTON OF
one during most of working life, even if retired)	BOSINESS OK HADOSIKI			12. CITIZEN OF WHAT COUNTRY?
RETURED STEVE OOR E	UNK	POLA	NA	USA.
RETIRED STEVE OOR &		14. MOTHER'S MAIDEN	NAME	
DAMIEL MOKROWS		RAPA	ARA U.	NK,
			.,,	
S. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO -	015-07-4017	PAULINE KO	UALCHUK 9	S TENNEY SI
18. 44 9 0 1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	a		1) 1	ONSET AND DEATH
LEADING TO DEATH	( )	MAN AMIR	celusion	20 min
(This daes not mean the made of dying, e.g.,	DUE TO	0.4440	-careco-	
hearf failure, asthenia, etc. It means the disease,		4		
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	DUE TO	*******************************	*****************************	
DISEASES OR CONDITIONS, if any, giving	-			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	140 to		88
on british to a				
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION CAUSING IT.	WIGH ORDANON	120A ALLEO BOYO (V-	Nell 200 te vec wee	T SINDINGS OF STREET
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPST (Tes	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
		100		
OR CONTRIBUTION CALLER OF	PLACE OF INJURY (e.g., i e, lorm, foctory, street, o	fice bldg. INJURY OCCU	D (If in Boltim	ore City, give exact location)
DEATH (notily medical examiner)				
O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E.	INJURY OCCURRED	21F, HOW DID	INJURY OCCUR?	
S OF INJURY	e At Not While			
(APPROX.)	At Work		200	,
22. I certify that (I) (this hospital) attended th	e deceased from	10/2	19(-) to	10/24 196
that (I) (we) last saw the deceased alive an	10/24	1/7		pinian death accurred on the do
		-		brungs again accouled on the 80
and have and from the causes stated above. (1)	(We) (did) (did not)	iew the bady after dec	oth.	
23A-SIGNATURE				23 B. DATE SIGNED
Kallast Klitter	M.D. Atte	s. Med. Director	Stolf Phys.	10/26/67
23C. PHYSICIAN'S	•	23D. ADDRESS	0	
TNAME (Type)	tor M.D.	60h S1	man lese	1 (110 912 2
Koperi Millel	161.	000 60	mortano	7 000 21- 0
REMOVAL (Specify) 248. DATE 24C.NA	ME of CEMETERY OF CR			City, town, or county) (Stote)
BARIAL OCT 26 AGY HO	LY TRINIT	Y CFM.	ELKRID	CE MD
Dan.		2SC. FUNERAL DIREC		ADDRESS
OCT 26 1967 (A.D., Fr 8	F REGISTRAR TOURS			DOE LOMBAROS.
740-2007		DITTELO	1001111 100	LE WILDAKO)
/S 150-REV. 1/1/6S		41.4	4	



07 10	A CO BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 67 10:	CERTIFIC A	TE OF DEATH	Registered Na.	67 10199
M.E. CASE NO.	CERTIFICA			
(Type or Print) CHAR LES	J. LOSENIC.		D HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				institution: residence before admission)
FULL NAME OF (II not in hospital or institution	on, give street	MARY L	AMO	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN, (If out:	more more	RURAL and give township)
CHURCH HOME + HO	SPITAL	D. STREET ADDRESS (III )		STREET
WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTR	DEC 7 1918	gn country)	12. CITIZEN OF
done during most of working life, even if retired)  BEEF BONER S&A  13. FATHER'S NAME	K-ESSKAY	13 A LT IMO A		WHAT COUNTRY?
JOSEPH LOSENI	icky	LILLIAN	MOREU	itz
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
YES WORLD WAR 11		CATHERNIE IN	CENITIO	
123 WOKED WAK II			SENICKY	IFODE LOMBARDS
35/X	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	K	endone Illana	226 22.	anestolen
(This does not mean the made of dying, e	.g., DUE TO	tend Hyperl		
heart failure, asthenia, etc. It means the disea injury ar camplication which caused death.)	se,	1-1111111	,	3-4-0
ANTECEDENT CAUSES	(R)	und sayson	and one	9,5
	DUE TO		***************************************	***************************************
DISEASES OR CONDITIONS, if any, givinise to the above cause (A) stating to UNDERLYING CONDITION last.	the (C)	eabiles mollita		147
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
DISEASE OR CONDITION CAUSING IT.				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	DR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exact location)
W OF INITION	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
≥ (A PPPOY)	While At Not White Work At Work			,
		John 1	, dust in	et 23 1967.
22. I certify that (I) (this hospital) attende				/
that (I) (we) last saw the deceased alive a	n <u>VCV 73</u>	19.07 and the	at In(my) (our) ap	inian death accurred an the date
and hour and from the causes stated obove	. (I) (We) (did) ( <del>did not</del> )	view the bady after death.		
23A. SIGNATURE Coforwel by bred a	Ex. 4fice	/		23B. DATE SIGNED
Jerry - D Lippy	M.D. At	tending Med. Director	Stoff Phys.	
23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS	01	-11 - b 1 2 10 21
George H. Lippy		426 5 Pattern		Allow in The PITT
REMOVAL (Specify)	NAME of CEMETERY of CE	Hard Control of the last		City, town, or county) (Stote)
BURIA'L OCT 26 67 K	BALTO IVATIO		REDERIC	K ROAD MP
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	S & Farling	1) IPPEL BAC	81 201 20	OOE LOMBARD SI
VS 150-REV, 1/1/65		TOTTE ONG	- 1100	DUE FULLIONS



		2. DATE AND HOUR OF DEAT	
ype or Print) Walter H.	Translaina		1 3 A.
PLACE OF DEATH IN BALTIMORE MARYLAND		Oct 24,1967	
FLACE OF DEATH IN BALTIMORE, MARILANE		4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admiss
FULL NAME OF (If not in haspitol or instit	utian, aive street	Maryland	Bally
HOSPITAL OR address or location)		C. CITY OR TOWN (If gutside city limits, write	RURAL and give tawnship)
House In The Pines	Murging Home	Baltimore	5371
) House III III I III I	NAT STITE TIOME	D. STREET ADDRESS (If rural, give lacation)	V V V V
5837 Belair Road		116 Raspe Ave	
	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Vr. If Hader 24
WIE	DOWED, DIVORCED (specily)	fost birthdoy)	If Under 1 Yr. If Under 24 Manths Doys Hours Min
	Married	July 15,1896 71	
OA, USUAL OCCUPATION (Give kind of work 10B, KIII one during most of working file, even if refired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ris Co.	Commental De	U.S.A.
3. FATHERS NAME	TTD OO.	Cornwall Pa.	U.U.A.
		17731116	
Charles H. Hawkins		Martha E. Carroll	
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknawn) (Iff yes, give wor or dotes of se	1 6. SOCIAL	17. INFORMANT 116 Ras	spe Avenders
O ses, no or unknown (tr yes, give wor or dotes of set			To WAG
	215-09-7948		
1B. 18 10	CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/	800	
LEADING TO DEATH	(A) Clari	mione of blenke	1 ym
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis			
injury or complication which caused death.)			
*************	4.50		
ANTECEDENT CAUSES	(B)		
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if ony,	DUE TO giving		
	DUE TO giving		
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating	DUE TO giving		
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating UNDERLYING CONDITION lost.	giving (C)		
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating UNDERLYING CONDITION lost.	giving (C)		
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION	giving (C)		
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION	giving  The (C)  BUTING O THE  FOR WHICH OPERATION	[20A. AUTOPSY? (Yes ar No)] 20B, IF YES, WER	
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FUNERAL DIRECTOR: IMPORTANT

BIRT	E CASE NO.	CERTITO	ATE OF DEATH		
1. N	AME OF DECEASED De or Print) JOYNER, PEA	IRL (PEAR)		to 123 67	4.35 P
3. P	PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Whe	ere deceased lived. If institution	on: residence before admission
H	FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location) NSTITUTION	stilution, give street		itside city limits, write RURAI	ond give township)
6	LUTHERAN HOSP	ITAL	D. STREET ADDRESS (III ZBOI RAYT	rurol, give location)	160)
5. S	F	MARRIED, NEVER MARRIED (VIDOWED, DIVORCED (Specify)		9. AGE (In years   If I	Under 1 Yr. If Under 24 H orths Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B. e during most of working life, even if retired)		Y 11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF WHAT COUNTRY?
13. (	FATHER'S NAME		14. MOTHER'S MAIDEN NX	ME HIGHMA	0. 9. 77.
15. \	Was Deceased Ever in U.S. Armed Forces?	16. SOCIAL	UNK.		ADDRESS
(Yes	s, no or unknown) (If yes) give wor or doles of	SECURITY NO.	Hr. Delmar	fisher 918	white lock
	DISEASE OR CONDITION DIRECT		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This do	LEADING TO DEATH	(A) U	REMIA		BAYS
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the				
	injury or complication which caused dea	1h.)	ENAL INSUF	FICIENCY	ZHTHOM
		(B) R(	ENAL INSUF	FICIENCY	MONTHS YEARS
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MEDICAL CERTIFICATIO	injury or complication which caused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stot UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (HOPPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost sow the deceased at and hour and fram the causes stated on the course of the causes stated on the cause of	giving ing lhe (C) HA  RIBUTING TO THE  ON FOR WHICH OPERATION AED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  While At Not Who At Work  tended the deceased from ive on (0 / 2 3)  shave. (1) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No. 100) in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJury on and, the view the bady after death.  tending Med. Director 22D. ADDRESS	OI 20B. IF YES, WERE FINDI IN CERTIFYING CAUSES  (If in Boltimore City  IURY OCCUR?  19 6 7 ta	YEARS  NGS CONSIDERED OF DEATH?  , give exoct locotion)  23  death accurred on the death
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MEDICAL CERTIFICATIO	Injury or complication which caused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stot UNDERLYING CONDITION tost.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING II.  19A. DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (HOPPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost sow the deceased all and hour and fram the causes stated and hour and fram the causes and hour and fram the causes and hour and fram the cause and	giving ing the (C) # A  RIBUTING TO THE  ON FOR WHICH OPERATION  AED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  While At Not Wh Work  At Work  tended the deceased fram ive on (0) (2) 3  shave. (1) (We) (did) (did nat)  M.D. Al	20A. AUTOPSY? (Yes or No	O) 20B. IF YES, WERE FINDI IN CERTIFYING CAUSES  (If in Boltimore City  IURY OCCUR?  19 67 ta 60 6  not in (my) (our) apinian  23B.  Stoff Phys. D  OCATION (City, to.)  A. Co.	YEARS  NGS CONSIDERED OF DEATH?  , give exact location)  23  death accurred on the d  DATE SIGNED 10/23/67  AL

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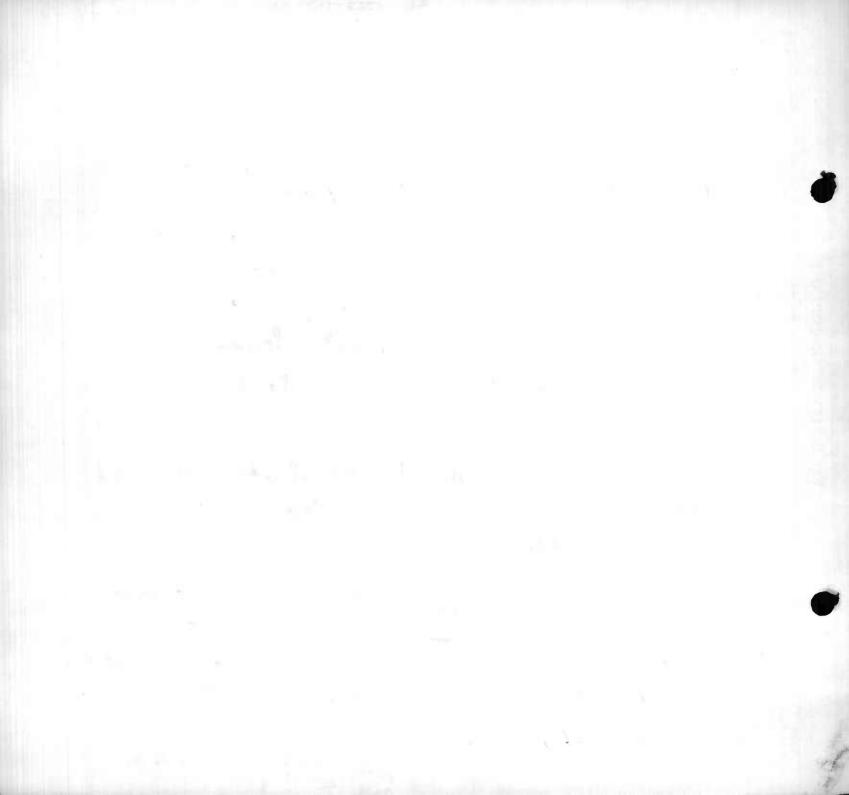
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67 10203 BALTIMORE CITY HEALTH DEPARTMENT

		DICAL EVA AND LED'S C		67 10203
BIRTH NO.	MEL	DICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered	No.
M.E. CASE NO.	CEASED		2, DATE AND HOUR PRONOUNCED	DEAD
(Type or Print) THOMAS		BETHEA	October 22, 1967	10:25 A.M.
		WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institut A. STATE	ion: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	ITAL OR INSTITUTION, GIVE STREET CATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write R	URAL and give township)
1015 A	isquith St.		Baltimore D. STREET ADDRESS (If rurol, give locotion)	0-01
1015 11	radaren pe		1015 Aisquith Street	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Manths, Days, Hours, Min.
Male	Negro	separated	5-20-1910 57	
done during most of	UPATION (Give kind of we yorking life, even if retired	ork 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote on foreign country)	2. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NAN	AE D	Bethlefiam Steel	14. MOTHER'S MAIDEN NAME	,
	Julia	m Bethen	Bell Jentins	
15. WAS DECEASE	DEVER IN U.S. ARMI	ED FORCES? 16. SO CIAL SECURITY NO.	17. INFORMANT	DDRESS PARTIES
res, na arunknawn	Allyes, give war ar ad	2.42 3/ 11/	The Samuel Both	Vart Can
18. 11	9.1	CAUSE	E OF DEATH	INTERVAL BETWEEN
DISEAS	SE OR CONDITION I	DIRECTLY		ONSET AND DEATH
	LEADING TO DEAT	IH WArterie	osclerotic Cardiovascular Dis	ease
heart failure,	not mean the mode , asthenia, etc. It mea	ns the disease.	V00401040.001040.00101	
injury or cor	mplication which caused	death.)		
A	ANTECEDENT CAUS	ES		
DISEASES O	OR CONDITIONS, IF	ANY, GIVING DUE TO		
UNDERLYIN	NG CONDITION LAST			
<u> </u>		(5/		
OTHER SIGN	II NIFICANT CONDITION	S CONTRIBUTING		
TO THE	DEATH BUT NOT A	RELATED TO THE		
E DISEASE OF		ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	INGS CONSIDERED
0	WAS PE	ERFORMED	NO IN CERTIFYING CAUSES	
	CAUSE WAS	218. PLACE OF INJURY (e.g., home, form, factory, street,	in or about 21C. WHERE DID (If in Baltimore City, give	exoct location)
	SE OF DEATH.	etc.)	omee mag., INJURY OCCUR!	
21D TIME	(Month) (Day) (Ye	ear) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)			WHILE	
22.		m. WORK LAT W	VORK L	
	tify that I held on	Inquiry Inspection X Au	topsy and that on this basis, death in my	apinion
resul	Ited from: Natural c	ausas XX Accident Suicid	la Hamicide Undetermined monner	
	1.11.	, < )	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL		and land	ASSISTANT MEDICAL EXAMINER XX	DATE SIGNED
SIGNAT	IEDIC		ASSOCIATE MEDICAL EXAMINER	10/22/67
NAME (	Type) WEITE	er U. Spitz, M.D.		
23A. BURIAL CRE	MATION, 23B DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, to	wn, ar county) (State)
(Specify	0 10/3	5167 Dandes KI	rough Tumberta	M. T.C.
24A. DATE REC'D	BY HEALTH DEPT.	248 NAME OF REGISTRAN	24C. FUNERAL DIRECTOR	ADDRESS
0	CT 2 6 1967	00 68 Fry	momill of	111 Tumber

War will a 52.936456 h

J-575	BALTIMORE CI	ITY HEALTH DEPARTMENT	67 10205
BIRTH NO. 67	10205 CERTIFIC	ATE OF DEATH Registered No	
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  (Type or Print)	chnion	2. DATE AND HOUR OF DEAT	
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If	
FULL NAME OF HOSPITAL OR INSTITUTION  Oddress or location  Oniversity	or institution, give street  The Manyland Hospital	Maryland  C. CITY OR TOWN (If outside city limits, with Baltimore  D. STREET ADDRESS (If rurol, give locotion)	e RURAL ond give township)
5. SEX 6. RACE Female Nepro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
,	Single	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even il retired)  Unemployed  13. FATHER'S NAME		Baltimore Maryla: 14. MOTHER'S MAIDEN NAME?  ? Mary Johnson	WHAT COUNTRY?
15. Was Deceased Ever in U. S. Armed For (Yes, na ar unknown) (If yes, give war ar date	s of service) 1 6. SOCIAL SECURITY NO.	Mrs Hayden , same	ADDRESS
18. 4 0 / 4	CALISE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR  LEADING TO DEATH  (This does not meen the mode of	RECTLY	Aspiration Preminia	ONSET AND DEATH
heort failure, asthenio, etc. It meons injury or complication which caused  ANTECEDENT CAUSES	the discose, deoth.)	considerine Desortes	Yyrs
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.	stating the (CI		
TO THE DEATH BUT NOT RELA	TED TO THE Acute DI	20A. AUTOPSY? (Yes or No!) 20B. IF YES, WE!	
19A. DATE OF OPERATION 198. CON WAS PERI		IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g hame, larm, loctory, street, etc.)	g, in ar about 21C. WHERE DID (If in Baltin	nore City, give exact lacation)
21D. TIME (Manihi (Day) (Year) OF INJURY (APPROX.)	(Hauri 21E, INJURY OCCURRED  While At Wark  At Wo		
22. I certify that (I) (this hospital that (I) (we) lost saw the decease	10/12		plinian death occurred on the date
and hour and fram the couses stat	ted above. (1) (We) (did) (did nat	r) view the body ofter death.	
23A. SIGNATURE			23B, DATE SIGNED
19/ Anderson	M.D.	Attending Med. Stoff Phys.	10/23/07
23C. PHYSICIANS NAME (Type) P. H. Anders	ron M.	.D. University of Maryland 1	topital Beltimon No
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 10/28/		Cemetry A A Count	
25A. DATE RECYP AY HEALTH PEPT	258 NAME OF REGISTRAR	A Halstead 1206 W Nor	th Ave



NAME OF DECE				TE OF DEATH	Oct. 21,		P
PLACE OF DEAT	TH IN BALTIMORE, MA		mpo OII	4. USUAL RESIDENCE		f institution; residence befor	e admission
FULL NAME OF		or institution, g	ive street	A. STATE DC B. C.	YTNUC		
US Public Health Service Hospital		Washing	ton	te RURAL ond give townshi	ip)		
	man Park Driv		shr (gr	D. STREET ADDRESS	18th Street	NE	
. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If U Months: Doys Hours	nder 24 Hrs Min.
F	Col	Div		9/26/25	42	Widnins, Doys	3 741111.
A. USUAL OCCU	PATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF	
drafts				DC		USA USA	1?
3. FATHER'S NAM				14. MOTHER'S MAIDEN			
All	pert R. Casse	ell		Martha M	ason		
. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
NO NO	(If yes, give wor or dote		SECURITY NO. 494-34-2440		US PHS Hospi	tal, Balto, Mo	i.
18. / 9 O.	9 1		CAUSE O	F DEATH		INTERVAL BE ONSET AND	
DISEASE	OR CONDITION DIR	RECTLY			0 _		2
L	EADING TO DEATH		(A) Cal	suroun l	Wir.	IMN	1
	I mean the made of istherio, etc. It means		DUL 10			7	
	dicolian which coused			43			
	MICORDI WINCH COUSED	deoth.)	(111 /	1	0	1	
A			BAllal	issuants	uelanoma	15-m	w.
	NTECEDENT CAUSES		BALLE	ignant s	ullanoma	15 ys	<b>N</b> .
DISEASES OF	NTECEDENT CAUSES	any, giv <del>i</del> ng	DUE 10	ignants	uelenome	- 15-ys	· W ·
DISEASES OF	NTECEDENT CAUSES	any, giv <del>i</del> ng	(C)	ignants	eselenome	- 15 ys	
DISEASES OF	NTECEDENT CAUSES  R CONDITIONS, if above couse (A)	any, giv <del>i</del> ng	DUE 10	ignants	uelenome	- 15-ys	'A) ·
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DISEASES OF rise to the UNDERLYING	NTECEDENT CAUSES  R CONDITIONS, if above couse (A) CONDITION last.	any, giving stating the	(C)	ignants	ue le nome	- 15-ys	
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DISEASES OF TISE IN THE DESTRUCTION OF THE DESTRUCT	NTECEDENT CAUSES  R CONDITIONS, if above couse (A) CONDITION I asi.  IICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERFORMED CAUSE OF medical examiner)  IT WAS UNDERLYING MAS PERFORMED (Month) (Doy) (Year)  I what (I) this hospital last saw the decease from the causes state of the cause of the causes state of the causes state of the cause of the ca	any, giving stating the statin	PLACE OF INJURY (e.g., in form, foctory, street, of INJURY OCCURRED At Work Oct. 22  (We) (did)/(did/holy) v  M.D. Atterphysis	20A. AUTOPSY? (Yes of yes of yes) The or obout 21C. WHERE DID fice bldg., INJURY OCCU  21F. HOW DID  Aug. 3  1967  and Med. Director  23D. ADDRESS  US PHS HOSP	INJURY OCCUR?  19 67 to d that in (n/y) (our) couth.  Stoff Phys. 1 Balto, D. LOCATION	RE FINDINGS CONSIDERED CAUSES OF DEATH?  note City, give exact location  Oct 21  printed death occurred  238. DATE SIGNED 10/23/67  Md.  (City, town, or county)	19 67 an the do
DISEASES OF RISE IN THE UNDERLYING  OTHER SIGNIFIT TO THE DE DISEASE OR CONTRIBUT DEATH (notify of INJURY (APPROX.)  21. A. COLDEN' (APPROX.)  22. I certify that (IV (we) I and hour and 23A. SIGNATUR (IV (WE) I ALL BURIAL CREATER (IV) (WE) I ALL BU	NTECEDENT CAUSES  R CONDITIONS, if above couse (A) CONDITION Ideal.  IIICANT CONDITIONS CATH BUT NOT RELATION TO AUSING I OPERATION 198. CON WAS PERFORMED CAUSE OF medical examiner)  Condition (Doy) (Year)  Condition (Page 1) Condition (Page 2) Condition (Page	any, giving stating the CONTRIBUTING STEED TO THE T.  DITION FOR WE FORMED  (Hour) 21 E. Whill Work the dalive an	PLACE OF INJURY (e.g., in form, foctory, street, of INJURY OCCURRED At Work Oct. 22  (We) (did)/(did/holy) v  M.D. Atterphysis	20A. AUTOPSY? (Yes of yes of yes) The or obout 21C. WHERE DID fice bldg., INJURY OCCU  21F. HOW DID  Aug. 3  1967  and Med. Director  23D. ADDRESS  US PHS HOSP	INJURY OCCUR?  19 67 to dethat in (n/y) (our) court.  Stoff Phys 2 ital, Balto, D. LOCATION	RE FINDINGS CONSIDERED CAUSES OF DEATH?  Oct 21  Depinion death occurred  238. DATE SIGNED  10/23/67  Md.	on) 19 67 an the di

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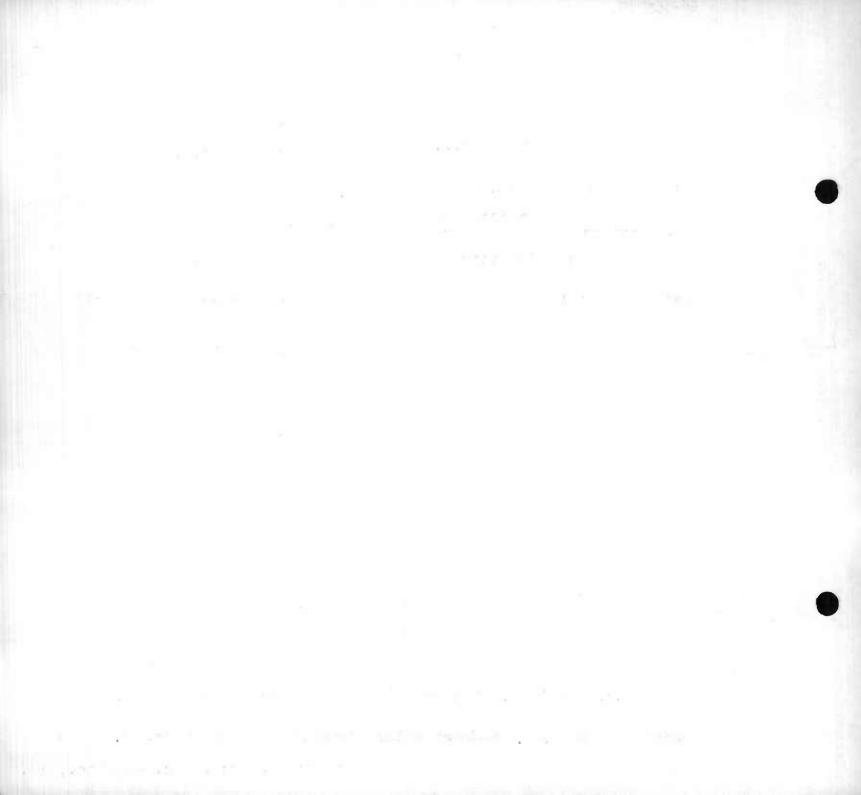
R. H. Rockham ara

The line of the physical in busing

AND ROBERT AND CHARLES THE RESERVE

FUNERAL DIRECTOR: IMPORTANT

H-13	23 6	ופתו ל		HEALTH DEPARTMENT	Registered Na.	67 10209
M.E. CASE NO.		/ LUZI	JO CERTIFICA	TE OF DEATH		
Typo or Print)		m n	II OD OMDIMINDO		ND HOUR OF DEATH	, 2' > 4
PLACE OF DE	HERBER		HOFSTETTER	UCT	. 26, 1967	7,50/T M.
. FLACE OF DE	ATH IN BALTIMORE, M	ARILAND		A. STATE B. COU	NTY	stitution: residence before edmission)
FULL NAME		or institution,	givo streot	Maryland		
HOSPITAL OR	oddress or locali	on)			utside city limits, write l	RURAL ond give towaship)
10				Baltimore D. STREET ADDRESS (III	rurol, givo locotion)	21-0-
	3312 Le	rch Dri	ive14	3312 Lerch		1.
0.89	6. RACE	TT AAABBIED	NEWER AND ROLL	8. DATE OF BIRTH		
. SEX	white		D, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
male		marı		Jan. 26, 1895	72;	
	CUPATION (Give kind of wo f working life, even if retired)		e Copper &	11. BIRTHPLACE (State or for	oign country)	12. CITIZEN OF WHAT COUNTRY?
Sunt	retired	100001	Brass	Rome, New Y	ork	USA
. FATHERS NA	retired		DLass	14. MOTHER'S MAIDEN NA	ME	
	Em ile H	ofstett	ter	Elizabet	h Knott	
. Was Docease	d Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
ros, no or unknow	n) (If yes, give wor or do	tes of service)	SECURITY NO.	Mrs HF Ho	fstatter -	3312 Lerch Dri
.,	At At T		0.41165.0		130e00e1 -	
18. / 9 0	14 1		CAUSE O	F DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION D		Mi	Whom &	Minelen	
(This does	nol meon the mode of		DUE, TO	Mary	v von jeerre	
heort failure	, asthenio, etc. Il meon mplication which cause	s the diseose,		will hele	Orlon-	
	ANTECEDENT CAUSE		(B) 6			
DISEASES	OR CONDITIONS, if		DUE TO	ullused.	tulin	7
	ne obave couse (A		(C)	1 Palli	46.	
UNDERLYIN	G CONDITION lost.		© 1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Fund	x Ca	
	11		·			
	IFICANT CONDITIONS DEATH BUT NOT REI			-		
	CONDITION CAUSING	T.	WHICH OPERATION	120A ALIZOREV2 (Van as B	A 200 IF WES IMPRE	CONSIDERED
19A. DATE O		RFORMED	WHICH OFEKATION	20A. AUTOPSY? (Yos or N	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDI	ENT WAS UNDERLYING	[218	PLACE OF INITIPY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exect location)
OR CONTRIB	UTING CAUSE OF	hon	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
U						
21 D. TIME OF INJURY	(Month) (Doy) (Yeor		. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)	-	Wo	rile At Not While	e D		- 0
22. I certify	y that (I) (this hospite	at) attended t	he deceased fram	UG 1	1960 to 00	t >6 167
that (I) (we	Tast saw the deceas	sed alive an	set of	19 / 7 and 1	hat In (my) (of) api	nian death occurred an the date
				riew the bady after death.		
23A. SIGNAT		D		Town the bady after down		238. DATE SIGNED
(M	WOOAW.	11/10	M.D. AH	ending Mod.	Stoff	10/2/17
23 C. PHYSICI	ANS	1000	NO ACT Phy	23 D. ADDRESS	Phys.	10/26/6/
NAME	Type)	TAT 5	//		on Ara P	alto. Md.
	Dr. Dona			3009 Evergre		
4A. BURIAL CR REMOVAL	(Specify) 24B. DATE		AME of CEMETERY of CR		LOCATION (Ci	ty, town, or county) (Stote)
Buria			Ltimore Nation		Baltimor	
5A. DATE REC'I	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
UCT	26 1961 050	いかとい	tarbey Ma	Leonard J.	Ruck, Inc	Balto., Md.
/S 150-REV, 1/1.	/65	7	3 2 - 10		1	



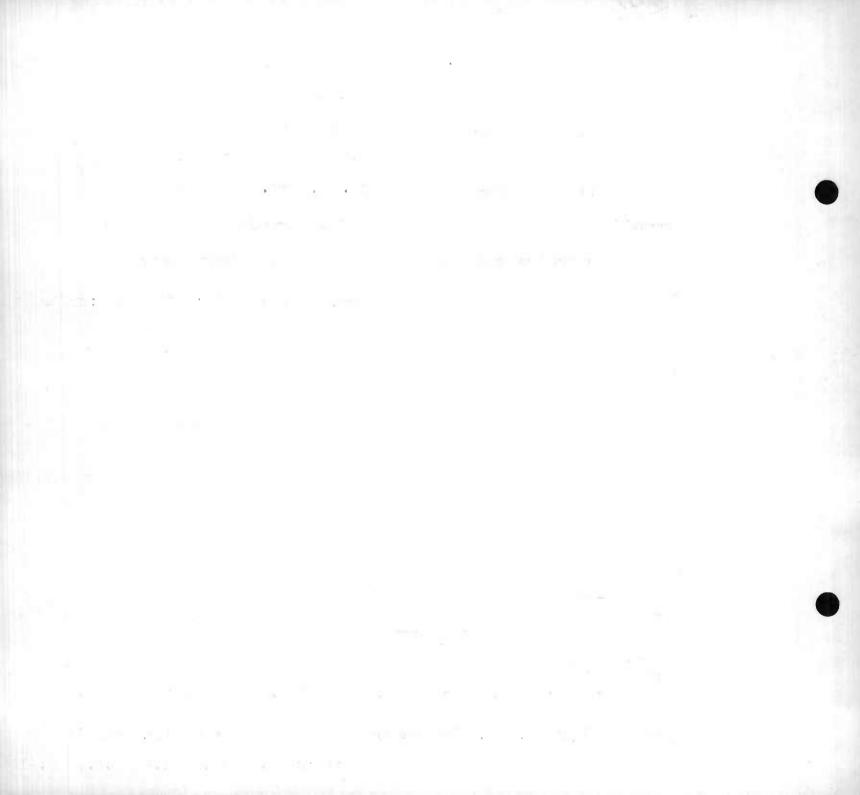
IMPORTANT

FUNERAL DIRECTOR:

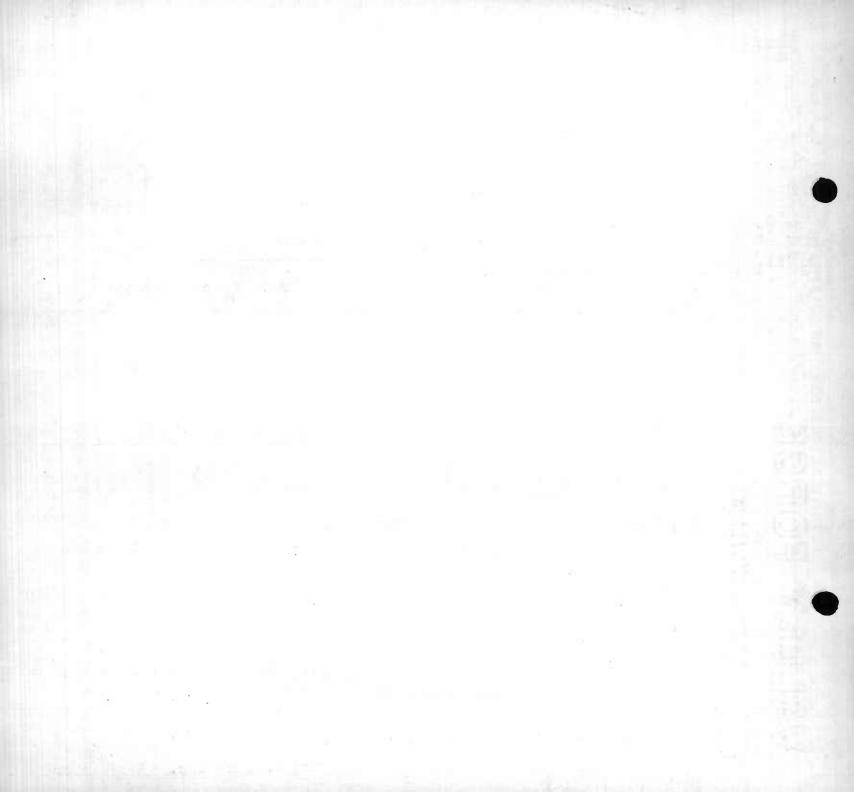
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BALTIMORE CITY HEALTH DEPARTMENT

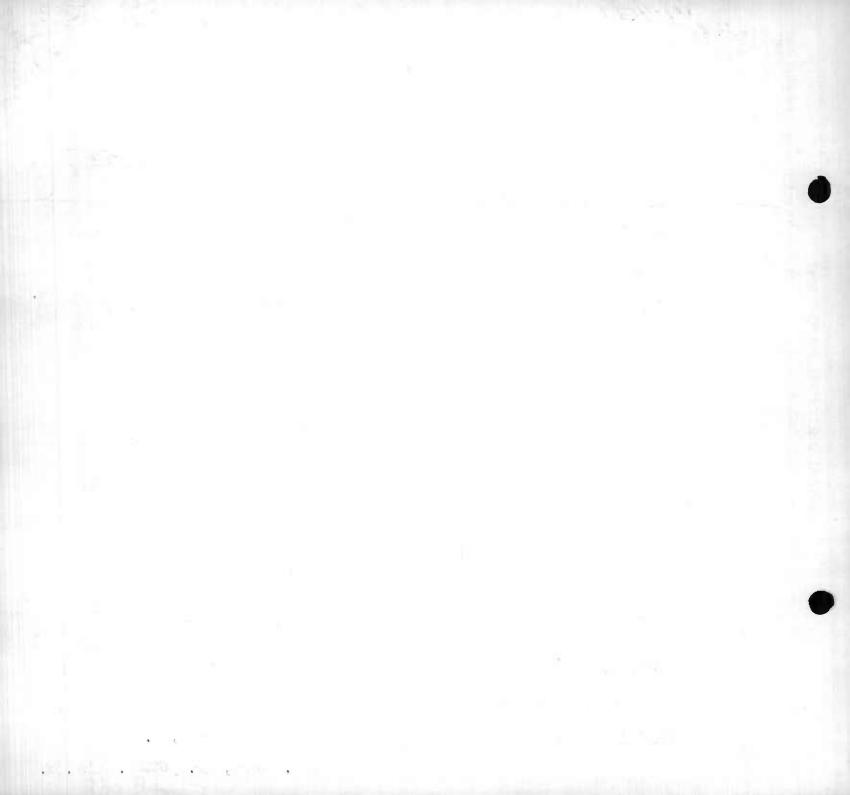
If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mrs. Codine Lewis: 7224 Old Harford INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) and that in(my) <del>(cur) opi</del>nion death occurred on the date 23B, DATE SIGNED 29th St., Balto, (City, town, or county) Waiteville, West Virginia Leonard J. Ruck, Inc.-Balto., Md.-14



		HEALTH DEPARTMENT 67 10211
	67 10211 CERTIFICA	TE OF DEATH Registered No.
- 5 1.	E. CASE NO. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(T	100 OI Print JOSE PH HILARY LEGGETT	Sr OCTOBER 36/67 3:30 A M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
		A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation)	C. CITY OR TOWN (If outside city limits, write RURAL and give which is
9	INSTITUTION	BALTIMORE 9-06
1	FRANKLIN SQUARE HOSPITAL	D. STREET ADDRESS (If rural, give location)
	BALTIMORE, MARGLAND	2019 E. 30 \$ ST.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
_	Married Married	5-30-98 69
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	WHAT COUNTRY?
	Salesman (Ret)	BALTIMORE, MARYLAND USA
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM Mamie F. Trageser
	ALBERT LEGGETT	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15	Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL	17 1100001
(Y)	es, no ar unknown) (If yes, give war ar dales of service) SECURITY NO.	Mrs. Violet Leggett- Same
-	Yes   WWI   2/8-48-470	FRANKLIN SEVING HISPITAL
	18. 7/3 XI TE 909 CAUSE OF	F DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rungiva
	(This does not meon the made of dying, e.g., E DUE TO	www.p/ww
	heart failure, asthenia, etc. It means the disease	to a to Cantal
	ANTECEDENT CAUSES	ticemia 20 to becale lies
	. DUE TO	when buttock
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	goting to my (M)
	UNDERLYING CONDITION lost.	the delication of the state of
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING STURBELL	and a series
C	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	erofic Carder concert
ATIO		art disease I
TEIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FPTIF	19-1-67 FRACTURE & TEMUR	100
C	OR CONTRIBUTING CAUSE OF	fice bldg., INJURY OCCUR?
V	DEATH (natify medical examiner)	2019 E. 30 \$ ST. BACTIONORS
MEDI	21D. TIME (Month) (Doy) (Yeat) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	(APPROX.) SUG-29 1/967 While At Work	I fatur fell orbite toally a colling
	22. I certify that (1) (this haspital) attended the deceased from	Tery Ben 2, 19 67 to OCTOBER 219 67.
		6 19 67 and that in (my) (aur) apinian death accurred an the date
-		
	and haur and from the causes stated above. (1) (We) (did) (did nat) vi	
		nding Med. Staff
	Phys	nding Med. Staff Phys. 10-26-67
	23C. PHYSICIAN'S NAME (Type)  DII Deal	23D. ADDRESS
	KUBEN V. CUNA M.D.	FRANKLIN SQUARE STOSPITAL
24	A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
	REMOVAL (Specify)	Gem Baltimore, Maryland
	Burial 10/30/67 New Cathedral  A. DATE REC'D BY HEALTH DEPT.   258, NAME OF REGISTRAR	25C. FÜNERAL DIRECTOR ADDRESS
	OCT 26 1967 Robert E. Farleyna	Leonard, J. Ruck Inc. 5305 Harford Rd.
-	150-REV. 1/1/65	Toothard, o. mack tile. 5305 narrord Rd.
4 9	130 110 1100	



M-4(L)		HEALTH DEPARTMENT	67 10212
IRTH NO. 67 10	212 CERTIFICA	TE OF DEATH Registered No	. OF TOOLS
M.E. CASE NO.		2. DATE AND HOUR OF DEATH	<b>u</b>
	00 1111 -1		7 . 000
MARY	MAULER	10-25-6	
PLACE OF DEATH IN MALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	unstitution; residence before odmissio
FULL NAME OF (II not in hospital or institut	A CONTRACTOR OF THE PARTY OF TH	marinain	CONVIE
HOSPITAL OR oddress or location) INSTITUTION		C. CITY, OR TOWN (If outside city limits, write	RURAL and give township)
		BALTIMORE	133 00
MERCY HOSPI	TAL	D. STREET ADDRESS (If rurol, give location)	
		2145 FACT RPO	all Alt
SEX 6. RACE 7, MARE	RIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years	If Under 1 Yr., If Under 24 H
SEX 6. RACE 7. MARE WIDO	WED, DIVORCED (specify)	lost birthday)	Months Doys Hours Min.
F W W	DOWED	9-5-10 82	
A. USUAL OCCUPATION (Give kind of work 108, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	Charles and the second	maquiain	1150
Housewile		14. MOTHER'S WAIDEN NAME	U.J. H.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2.4
FRAIK FILLEY	¢ .	KISEMBRU N	Willettes.
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown (If yes, give wor or dotes of servi	cel SECURITY NO.		Ave.
no	none	Mrs Florence Anderson	7145 Eastbrook
18. 4 20,0	CAUSE OF	DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1		ONSET AND DEATH
LEADING TO DEATH	Cer	ebrovascular acciden	$\mathcal{F}_{i}$
(This does not meon the mode of dying,	e.g., DUE TO	1 121 25	
heart foilure, astherio, etc. It means the dise	ose,	iomorcia, M	
	In Zingo	goetra-infectional ble	ding
ANTECEDENT CAUSES	DUE TO 2	office to me to	A
DISEASES OR CONDITIONS, if ony, gi		soldby from peptic ul	each of the same o
rise to the obove couse (A) stoling UNDERLYING CONDITION tost.	the (CI 2fz	perfersion Heart Dy	264
ONDERETING CONDITION 1881.	And	Ceris chrotic Heart D	cion
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO			
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WER	E FINDINGS CONSIDERED
WAS PERFORMED		and the second s	Addition of the state of the st
JIZIA, ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If in Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examined)	home, form, factory, street, of	fice bidg., INJURY OCCUR?	
21D. TIME (Month) (Doyl (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not While At Work		
	1		11 2 1
22. I certify that (I) (this hospital) attend		Oct. 24 1967 10 0	196
that (1) (we) last saw the deceased olive	an OCF 25	19.6.7 and that in (my) (aur) a	pinian death occurred an the c
and haur and fram the causes stated abov	a (1) (Wa) (did) (did mas)		
	e. (1) (He) (did) (did nai) v	Tew The body differ dedin.	23B, DATE SIGNED
23A. SIGNATURE			. 1
maria 4. a.	M.D. Atte	Med. Staff Director Phys.	10/25/17
23C. PHYSICIAN'S		22D ADDRESS	
NAME (Typel		h n 1/- n 2 +	
MARIA Y. QUE	M.D.	MERCY HOSPITA	_
4A, BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION	City, town, or county) (State
10/20/67	Parkusad Caret	Raltimana	m2
Burial 10/20/01	Parkwood (emet	10	ADDRESS
SA. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	John A. Monan, Inc. 3	ADDRESS
001 00 1301 (160 m)	, TOWNED THE	John A. Moran, Inc. 3	000 E. Balto. St.
\$ 150-REV, 1/1/65			



IMPORTANT

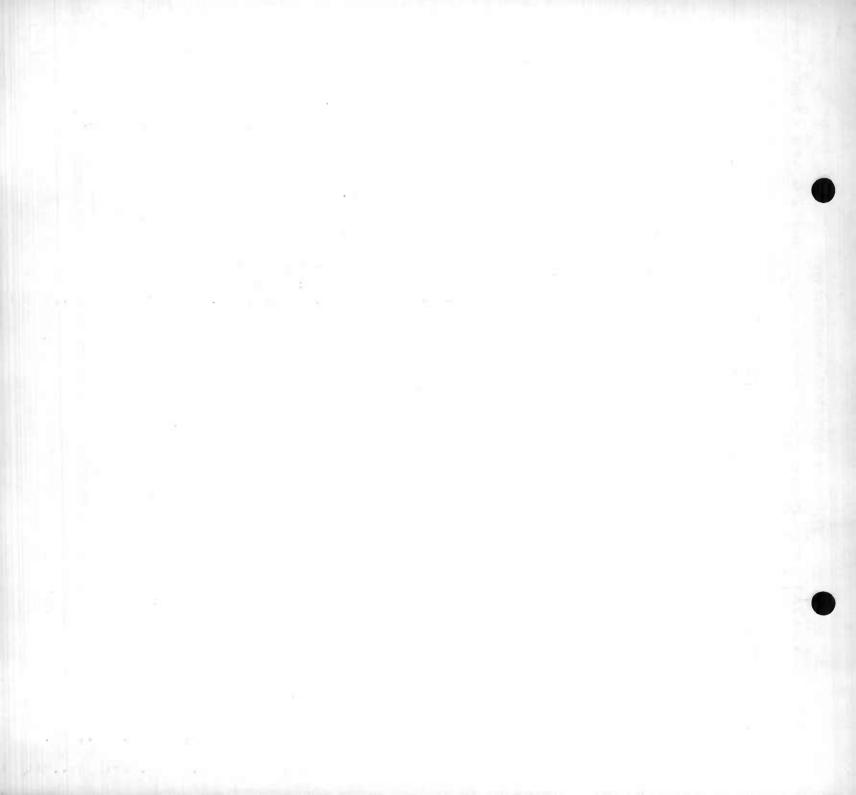
FUNERAL DIRECTOR:

Coremona of Rocking 1 sp. Oct 1400+17 60 011 11 Contact to Successon trossesses 848 N 36 5T

IMPORTANT

DIRECTOR:

FUNERAL



(-400)	BALTIMORE CITY	HEALTH DEPARTMENT		67 10215
BIRTH NO. 67 1	0215 CERTIFICA	TE OF DEATH	Registered Na	01 10010
N.E. CASE NO.	- 1	2. DATE AN	D HOUR OF DEATH	
Type or Print)	7	1.6	1.110	1 17. 1. 0
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	DW1EY	4. USUAL RESIDENCE (When	-2 U- 6	itution: residence before admission
	0	A. STATE B. COUN	TY A	
FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	itution, give street	C. CITY OR TOWN (1) Su	Ja NO	23
INSTITUTION		C. CITI OR TOWN	Side city limits, write RL	JRAL ond give downship
		D. STREET ADDRESS	1016	2/230
0 11 12 17: 11 0-1	1 //	12 12 M	oron, give locollon)	c/.
South Daltimore Go	ARRIED, NEVER MARRIED	13/3 1101	Shall	36
m WI	DOWED, DIVORCED (spesify)		9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 H Months Doys Hours Min.
MI. White	Widowed.	1-17-1889	70	
6A, USUAL OCCUPATION (Give kind of work 10B, K one during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12, CITIZEN OF WHAT COUNTRY?
Retired	NONE.	-	T Ilinaice	
3. FATHER'S NAME	710 11 0	14. MOTHER'S MAIDEN NAM	ME	
1.1:11: 11	Total av	Jennie An	denson	
5. Was Deceased Ever in U. S. Armed Forces?	l 6. social	17. INFORMANT	O EL SOII	ADDRESS
res, no or unknown) (If yes, give wor or dates of s	SECURITY NO.	/// *******************************		WARLESS.
No	345-07-0806	Miss Nadine B.	Cowley, 131	3 Marshall St.
1B. 42011	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	A .	/	7	40 1/1
LEADING TO DEATH	(A) ML	100 ardeal inf	actum and	Te 48 /2 hru
(This does not mean the mode of dying heart foilure, asthenio, etc. It means the d		· V	. /	
injury or complication which coused death	.)	- ((	ciency acut	12 12 dada
ANTECEDENT CAUSES	(B) Con	onary Insuta	creay, acut	e Undeterm
DISEASES OR CONDITIONS, if any,	giving	1 10 4	. (	
rise to the obove couse (A) statin	g the (C)	turostleutic	cardiovosa	a Undeferme
		disease	2	
OTHER SIGNIFICANT CONDITIONS CONTR	DITING			
TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE EI	NDINGS CONSIDERED
WAS PERFORME	D	Vac	10 CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, lorm, foctory, street, o	Ifree bldg., INJURY OCCUR?		
U				
21D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At At Work			
22. I certify that (+) (this hospital) otte	nded the deceased from	16-22 1	96710	10-24 196;
that (the (we) last sow the deceased ali	1 .	10 6 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6-24 196,
		19 6 7 and the	at in (aur) apini	on death occurred an the a
and hour and fram the causes stated ab	ave. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	B .1			38. DATE SIGNED
John albert 6	Dighee M.D. Att.	ending Med. Director	Stoff Phy s. 2	10-25-67.
23C. PHYSICIAN'S NAME (Type)	0 10	23D. ADDRESS	1 2	
1 Color Alla-	A Bil M.D.	1512 1	a 67	5+
4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 124D. 14	CATION (City,	town, or county) (State
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)		0		
Burial 10-28-57	Holy Cross Cemet	Rit	cnie Hwy. A.	A. Co., Md.
SA. DATE REC'D BY HEALTH DEPT 268. N				
MUSI ZATE INTO THE	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
001 20 1301 WELL	PELO E TENERIMA	Flynn & Flemi	ng 1422 Lig	



N.E. CASE N. NAME OF Type or Print	DECEASED	ne K. D	e Vanx	October 21		1:17 A.
PLACE OF	DEATH IN BALTIMORE, MA		· rade	4. USUAL RESIDENCE   Where decease		n: residence befare admis
FULL NAME OF (If not in hospital or institution, give street				Maryland Baltin	nore	Balt
HOSPITAL		n)		C. CITY OR TOWN III outside city	limits, write RURAL	ond give township)
A Be	altimore City Ho	spital	(DOA)	Dundalk D. STREET ADDRESS (If rurol, give	(location)	35-00
19			(	1956 Quentin Road	1000110117	
s sex	6. RACE	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify) Married	B. DATE OF BIRTH  9. AGE (lost birth)  Sept. 25, 1955	loyi Mont	nder 1 Yr. If Under 24 hs Doys Hours Mi
OA. USUAL	OCCUPATION (Give kind of wor				y)  12. (	CITIZEN OF
lone during m	ost of working life, even if retired)			Maryland		S. A.
3. FATHER'S				14. MOTHER'S MAIDEN NAME	0.	D. A.
Thor	as De Vaux			Katherine Stewart		
	eosed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL			ADDRESS
No No	nown) (If yes, give wor or dot	es of service)		17. INFORM (Mother)		ndalk, Md.
18. ~				Mrs. Katherine De Va	iux, 1950 (	INTERVAL BETWEEN
heorl fo	LEADING TO DEATH  the ses not mean the mode of  the structure, asthenia, etc. It means  the complication which couses  ANTECEDENT CAUSES  SOR CONDITIONS, if  the above cause (A)	dying, e.gs the diseased death.)	(B) DUE TO	vere Cyanolic Con earl Africase with of disc Enlayourent	regression	12 years
(This dine injury of DISEAS rise to UNDER	pes not mean the mode of dure, asthenia, etc. It means a complication which caused ANTECEDENT CAUSES ES OR CONDITIONS, if the above cause (A) YING CONDITION lost.	dying, e.gs the diseosed death.)  ony, givinstoting th	g IC)	vere Cyanolic Con earl Africase with A diac Enley unent Heart Failure	progressiot	12 years
(This dineon for injury of DISEAS rise to UNDER	pes not mean the mode of iture, astheria, etc. It means a complication which coused ANTECEDENT CAUSES or CONDITIONS, if the above cause (A). YING CONDITION lost.	d dying, e.gs the diseosed death.)  ony, givin stating the	g IC)	vere Cyanolic Con earl Pricase with A die Enleyement to Heart Failure	progression	12 years
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OTHER TO THE DISEAS 19A. DA. 21A. AC OR CONDEATH	pes not mean the mode of dure, osthenio, etc. It means to complication which coused antecedent CAUSES or CONDITIONS, if the above cause (A). YING CONDITION lost.  SIGNIFICANT CONDITIONS (E DEATH BUT NOT RELEON CONDITION CAUSING TO FOREATION 198. CON CONDITIONS (E OF OPERATION 198. CONDITION 198.	dying, e.gs the diseosed deoth.)  ony, givin stoting the CONTRIBUTIL ATED TO TOTAL T	GRANG  NG  WHICH OPERATION  IR. PLACE OF INJURY Ic. G.	part Africane with A disc Enlargement the Heart Failure Heart Failure No 120A. AUTOPSY? (Yes or No) 20B. IF No	Yes, were finding raffying causes	IGS CONSIDERED
OTHER TO SEAS PRODUCT OF CONTROL	Des not meen the mode of dure, osthenio, etc. It meens to complication which coused antecedent CAUSES or CONDITIONS, if the above cause (A). YING CONDITION lost.	d dying, e.gs the discost deoth.)  ony, givin stoting the CONTRIBUTIL TO T IT.  NOTION FOR TROUBLE CONTRIBUTION FOR TROUB	MG THE  WHICH OPERATION  IB. PLACE OF INJURY I.e.g. ome, form, foctory, street, c.,  E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF No  in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	YES, WERE FINDING THE RIPPING CAUSES C	IGS CONSIDERED DE DEATH?
OTHER TO THE DISEAS  OTHER TO THE DISEAS  19 A. DA  21 A. ACOR CON DEATH  OF TO THE DISEAS  19 A. DA	pes not mean the mode of dure, osthenio, etc. It means to complication which caused ANTECEDENT CAUSES  SOR CONDITIONS, if the above cause (A).  YING CONDITION lost.  SIGNIFICANT CONDITIONS E DEATH BUT NOT RELETOR CONDITION CAUSING TO OPERATION 198. CON WAS PER  CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner)  RY	d dying, e.gs the diseosid deoth.)  ony, givin stoting the CONTRIBUTIL ATED TO TIT.  NOTION FOR REFORMED  21 http://www.commons.com/reformed/reform	NG THE  WHICH OPERATION  IB. PLACE OF INJURY I.e.g., ome, form, foctory, street, c.,)	20A. AUTOPSY? (Yes or No) 20B. IF NO  in or about 21C. WHERE DID office bldg., INJURY OCCUR?	YES, WERE FINDING THE RIPPING CAUSES C	IGS CONSIDERED DE DEATH?
OTHER TO THE DISEAS 19A. DA' OF INJUINDER 21A. ACO OR COR COR COR COR COR COR COR COR CO	pes not mean the mode of dure, osthenio, etc. It means to complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A). YING CONDITION lost.  SIGNIFICANT CONDITIONS (E DEATH BUT NOT RELEON TO AUSING TO OPERATION 198. CONWAS PER CONDITIONS (I CONDI	dying, e.gs the diseosid deoth.)  ony, givin stoting the CONTRIBUTIL ATED TO TIT.  NOTION FOR REPORMED  21 he et w.	GE INJURY OCCURRED  While At Not Work  The deceosed from.	20A. AUTOPSY? (Yes or No) 20B. IF NO  in or about 21C. WHERE DID office bldg., INJURY OCCUR?	YES, WERE FINDING THE RIPPING CAUSES C	IGS CONSIDERED DE DEATH?
OTHER TO THE DISEAS 19A. DATE OF INJUIN OF INJUIN IAPPROX 22. 1 ce	pes not mean the mode of dure, osthenio, etc. It means to complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A). YING CONDITION lost.  SIGNIFICANT CONDITIONS (E DEATH BUT NOT RELEON TO AUSING TO OPERATION 198. CONWAS PER CONDITIONS (I CONDI	dying, e.gs the diseosid deoth.)  ony, givin stoting the CONTRIBUTIL ATED TO TIT.  NOTION FOR REPORMED  21 he et w.	GE INJURY OCCURRED  While At Not Work  The deceosed from.	20A. AUTOPSY? (Yes or No) 20B. IF  NO  in or about 21C. WHERE DID office bldg., INJURY OCCUR?	YES, WERE FINDING CAUSES COUR?	IGS CONSIDERED DE DEATH? give exoct locotion)
VO THER TO THE DISEAS TO THE D	Des not mean the mode of dure, osthenio, etc. It means to complication which caused ANTECEDENT CAUSES SOR CONDITIONS, if the above cause (A). YING CONDITION tost.  SIGNIFICANT CONDITIONS (E DEATH BUT NOT RELEOR CONDITION CAUSING TO OPERATION 198. COM WAS PER COMMAND TRIBUTING CAUSE OF CAUSE	dying, e.g. she discost deoth.)  ony, givin- stoting th  CONTRIBUTIL ATED TO T  IT. NOTION FOR FORMED  IHaut)  21  W  W  W  d) ottended ed olive on	NG THE  WHICH OPERATION  IB. PLACE OF INJURYIE.G. DOME, form, foctory, street, c.)  E. INJURY OCCURRED  Work  Not W A I Wo  The deceased from	20A. AUTOPSY? (Yes or No) 20B. IF  No  in or about 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  20A. AUTOPSY? (Yes or No) 20B. IF  IN CEI  Office bldg., INJURY OCCUR?	YES, WERE FINDING CAUSES COUR?	IGS CONSIDERED DE DEATH? give exoct locotion)
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VO THER TO THE DISEAS TO THE D	complication which couses and the couse of complication which couses and the couse of complication which couses and the complication which couses are complication which couses are complication which couses are complication which couses are complication and the couses are considered as a complication of the couses are considered as a complete couse of the couses are considered as a complete couse of the couses are considered as a couse of the couses are considered as a couse of the couse of the couses are considered as a complete couse of the couses are considered as a complete couse of the couses are considered as a complete couse and the couses are considered as a complete couse and the couses are considered as a complete couse and the couses are considered as a complete couse and the couses are considered as a complete couse and the couse are considered as a complete couse and the couse are considered as a complete couse and the couse are considered as a complete couse and the couse are considered as a complete couse are considered as a complete couse and the couse are considered as a complete couse and the couse are considered as a considered as	dying, e.g. she discost deoth.)  ony, givin- stoting th  CONTRIBUTIL  ATED TO T  IT.  NOTION FOR  FORMED  Hauth  21  W  W  W  W  W  H) ottended  ed olive on	B. DUE B.	20A. AUTOPSY? (Yes or No) 20B. IF  No  in or about 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  20A. AUTOPSY? (Yes or No) 20B. IF  IN CEI  Office bldg., INJURY OCCUR?	YES, WERE FINDIN REFYING CAUSES OF COUR?	give exact location)  Here are the second se
NOTHER TO THE DISEAS TO THE DI	Des not mean the mode of dure, osthenio, etc. It means to complication which caused ANTECEDENT CAUSES  SOR CONDITIONS, if the above cause (A). The above cause (A). The above cause (A). The condition to the condition of the condition causing to of operation [198, con was per condition causing to of operation [198, con was per cause of the cau	dying, e.g. she discost death.)  ony, givin- stoting th  CONTRIBUTIT ATED TO T  IT. NOTION FOR RFORMED  IHaut)  21  W  W  W  W  W  W  W  W  W  W  W  W  W	OUE DOLL OF INJURY I C. G. Orm., foctory, street, c.)  While At Not Work Not Work Not Work (did not)  M.D. A	20A. AUTOPSY? (Yes or No) 20B. IF  NO  in or about 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID injury OCCUR?  21F. How did in (m)  view the body ofter deoth.  thending Med. Stoff Phys.   23D. ADDRESS	YES, WERE FINDING THE FINDING CAUSES OF THE PROPERTY OF THE PR	give exact location)  Per 19 6  Heath occurred on the DATE SIGNED 10/24/67
VODERAS  VODERAS  VISE AS  VIS	Des not mean the mode of dure, osthenio, etc. It means to complication which caused ANTECEDENT CAUSES SOR CONDITIONS, if the above cause (A). YING CONDITION tost.  SIGNIFICANT CONDITION 10st.  SIGNIFICANT CONDITION TRELET OR CONDITION CAUSING TO PERATION 198. CON WAS PERED OF CONDITION CAUSING TO PERATION 199. CON WAS PERED CONDITION CAUSE OF notify medical examines)  E (Month) [Doy) [Year)  RY  Trify, that (1) (this large of the couses stand the couse stand the	dying, e.g. she discost deoth.)  ony, givin- stoting th  CONTRIBUTIL ATED TO T  IT. NOTION FOR FORMED  Haun) 21  WW. W. W	OUE DOLL OF INJURY I C. G. Orm., foctory, street, c.)  While At Not Work Not Work Not Work (did not)  M.D. A	20A. AUTOPSY? (Yes or No) 20B. IF  No  20A. AUTOPSY? (Yes or No) 20B. IF  No  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	YES, WERE FINDING RATEFYING CAUSES OF COUR?  To Opinion of Causes, Court of Court of Causes, Causes, Court of Causes, Court o	give exact location)  Per 19 6  Heath occurred on the DATE SIGNED 10/24/67

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

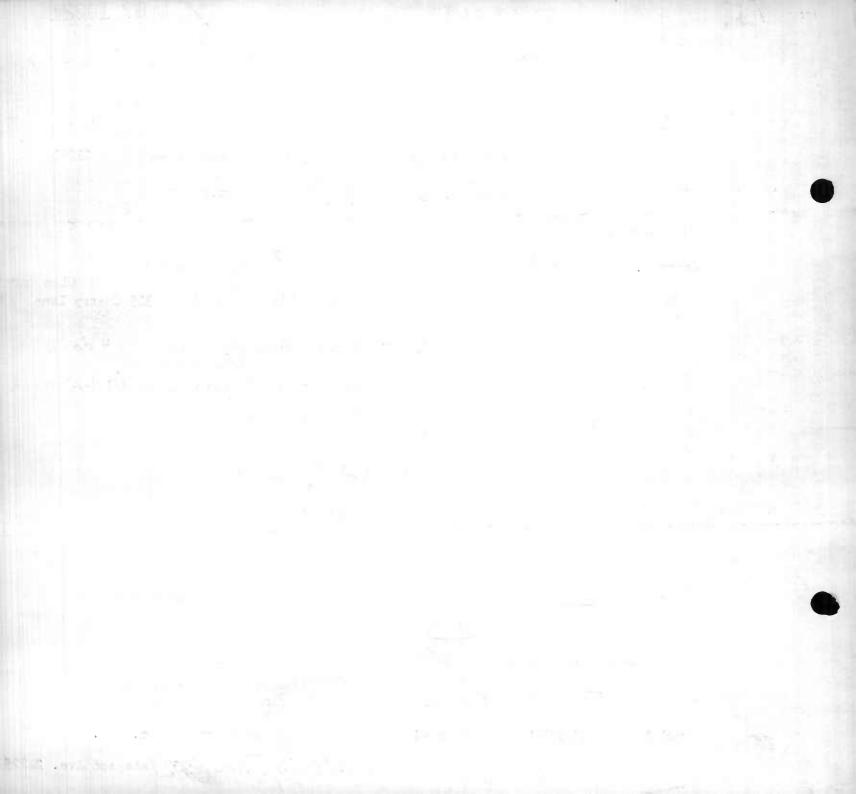
M.E. CASE NO.

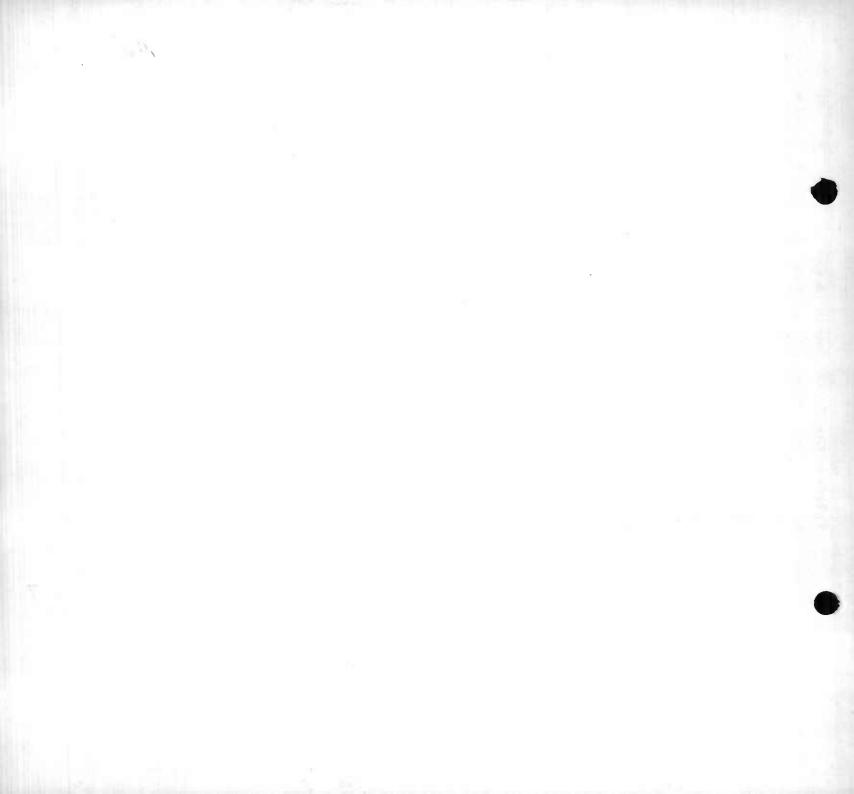
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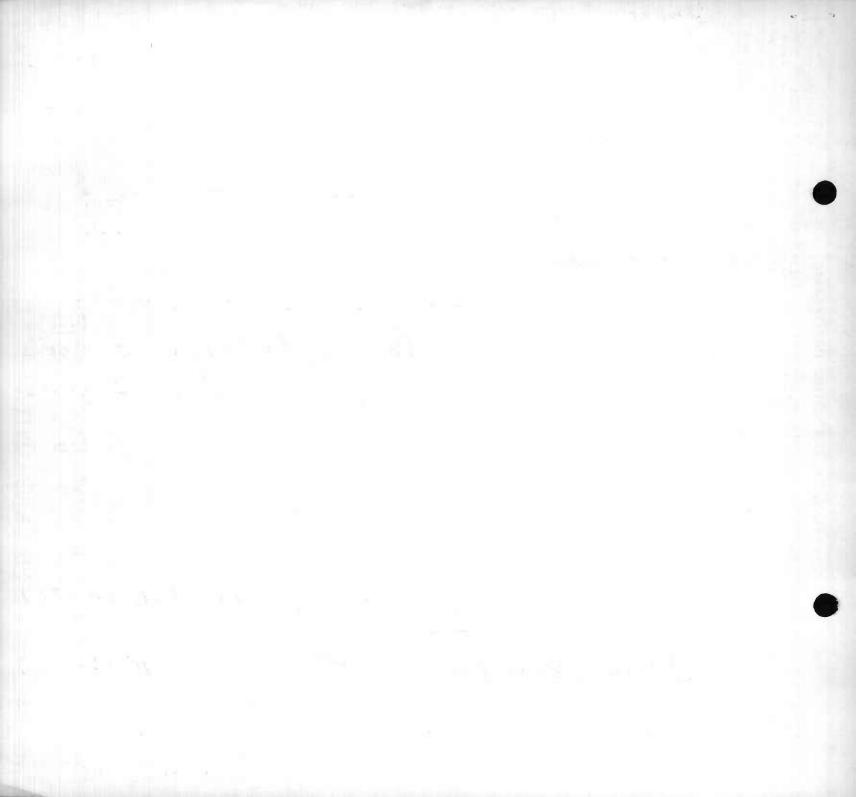


BALTIMORE CITY HEALTH DEPARTMENT





5-5111	BALTIMORE CITY	HEALTH DEPARTMENT	07 10000
BIRTH NO. 246 67 1	CERTIFICA	TE OF DEATH Registered N	0. 67 10223
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  SAMUEL  OCCUPANTION  OCCUPANTIO	SOCOLAR San	2. DATE AND HOUR OF DEA	TH 67 5 P M
I OUT I OK OUTESS OF IOCUION	MENDED tution, give streel_0_30_67	A. USUAL RESIDENCE (Where deceased fived, the STATE B. COUNTY  C. CITY OR TOWN (If outside city limits, writed)	ar gales.
2 SINBI IT	OSPITAL	MARYLAND D. STREET ADDRESS (If rurol, give locotion)	63-00
		* 7031 ALDEN ROAD #21	
MALE WHITE	MARRIED, NEVER MARRIED DOWED, DIVORCED (specily) MARRIED	B. DATE OF BIRTH 891, 10st birthdoy!	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KI done during most of working life, even if retired)  RETAIL	OF BUSINESS OR INDUSTRY  GROCER	A1. BIRTHPLACE (State or foreign country)  RUSSIA	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME MORDECAI SOCOLAR		14. MOTHERS MAIDEN NAME ZELDA WASSERMAN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	219-32-1307A	MRS. SARAH SOCOLAR. 7031	ALDEN ROAD #21208
18.4-20,11		F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Q	eute morocarde	
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused death,  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION tost.	seose, ) (B)	rouar Svengfreier aduote electionnes	duene 8 near
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	BUTING	2 dans da	- J
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., i home, lorm, loctory, street, o etc.)	n ar obout 21C. WHERE DID (If in Baltin	more City, give exoct location)
21 D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY (APPROX.)	While At Not While Work At Work		0 000 500
22. I certify that (I) (this hospital) attention (I) (we) lost sow the deceased ally		(2) - 23 19 € 7 to (aux)	oplinian death occurred on the date
and haur and from the causes stated ob-			opinion document on the don
23A. SIGNATURE	aug M.D. Att		238, DATE SIGNED
5-9	M.D. Att.		10-23-4-
23C. PHYSICIAM'S NAME (Type) Francisco	5 deu ? M.D.	23D. ADDRESS Luiai 540	efiled 14. 0
REMOVAL (Specily)	24C, NAME OF CEMETERY OF CR SWINICHER WOLINER		(City, town, or county) (State)  IMORE, MARYLAND
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR SOL LEVINSON & BROS. INC	ADDRESS
VS 150 BEV 1/1/45		7	,

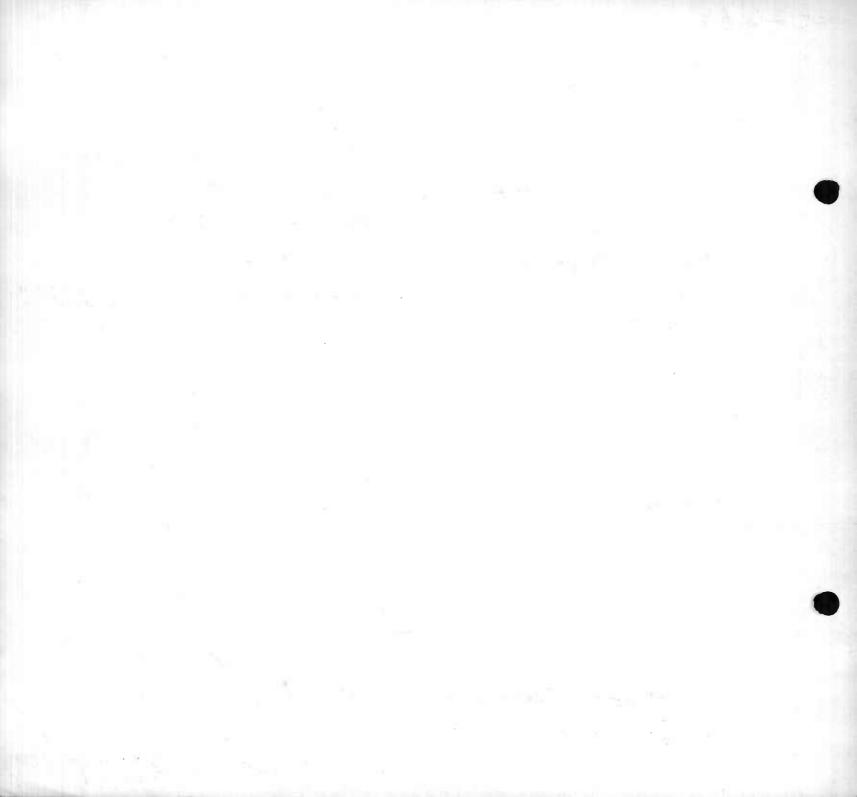


0-1111	Cp 4000	BALTIMORE CITY	HEALTH DEPARTMENT		C7 4300F
BIRTH NO. 7	67 1022	CERTIFICA	TE OF DEATH	Registered No.	07 10225
M.E. CASE NO.  1. NAME OF DECEASED (Typo or Print)	da ap	plefeed	2. DATE AN	D HOUR OF PEATH	7 730 A-
3. PLACE OF DEATH IN BALT	1.1-1	b!	4. USUAL RESIDENCE (When	e docoosod lived. If in	stitution: residence before admission
HOSPITAL OK addre	t in hospitol or institution, g	urcanive sheet	Marylan	sido city limits, write f	RURAL ond give township)
Distitution Bell	redere hi	way Home	12 altin	tore	28-00
W- Belne	edice On	e	4126 K	Cithlan	e cone.
Emace Tuli		NEVER MARRIED  O, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
IDA, USUAL OCCUPATION (Given during most of working life, e	ve kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of force)	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. PATHERS NAME	n a	201100	14. MOTHER'S MAIDEN NAM	MEA	4.471,
Samuel,	Saldstee	~	Esther		
5. Was Deceased Ever in U. : Yes, no or unknown) (If yes, give	Armod Forces? wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT  Nollard app	plefeld-6.	207 Pack Hote Up
18. 4 4 = X		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CON		C	, n	61	ONSET AND DEATH
	e mode of dying, e.g.,	DUE TO	1510-10-SPIRA	TORY TAIL	JRK
heart failure, ostheria, et injury or camplication w	c. It means the disease,		ngesourt. Hea	it taile	ne
ANTECEDEN		(B) 1707	terescleros	ec CUH.	-45
DISEASES OR CONDIT	TIONS, if any, giving	DUE TO	, +;		
use to the obove		(C) U-/C	(eumon1)	<b>S</b>	
	NOT RELATED TO THE				
19A. DATE OF OPERATION		VHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exc	DERLYING 21B. USE OF hom etc.)	o, form, foctory, street, of	or about 21 C. WHERE DID	(If in Boltimore	City, give exact facation)
		INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	Wor			~ ~	
22. I certify that (I) (th	is hospital) attended th	ne deceased from	Sept 71	940 1000	7 1967
that (I) (we) lost sow t	he deceased alive on	oct 2	4 19 6 and the	ot in (my) ( <del>our)</del> opi	nian death occurred on the da
	couses stated above. (I	) (\##) (did) (did	iew the body ofter deoth.		
23A. SIGNATURE	100	1		e. u —	23 B. DATE SIGNED
Milan	desper	Clean Phy	onding Mod.	Stolf Phys.	10/24/67
23C. PHYSICIAN'S					
NAME (Type)			23D. ADDRESS	, 16-	120 0
Willand	POPLEFE	7D M.O.	590, Par	il Heig	ush
Willam)	Dop LEFT	7D M.D.	590, Par	12 Heig	ty, town, or county) (State)
Purcel  NAME (Type)  Purcel  REMOVAL (Specily)  Burial	et 25/67 7	M.D. M.D. CREW OF CREW THE AMERICAN FULL AND THE AMERICAN	5901 Par MATORY 240, LI Ashp JS	ne Heigh	2, md
NAME (Type)  24A. BURIAL CREMATION, 24  REMOVAL (Spocily)  BULL  25A. DATE REC'D BY HEALTH	et 25/67 7	M.D. M.D. CREW OF CREW THE AMERICAN FULL AND THE AMERICAN	590, Par	re Heigher Control of Bloom	ty, town, or county) (Stote)  ADDRESS  COLO KELST-KA

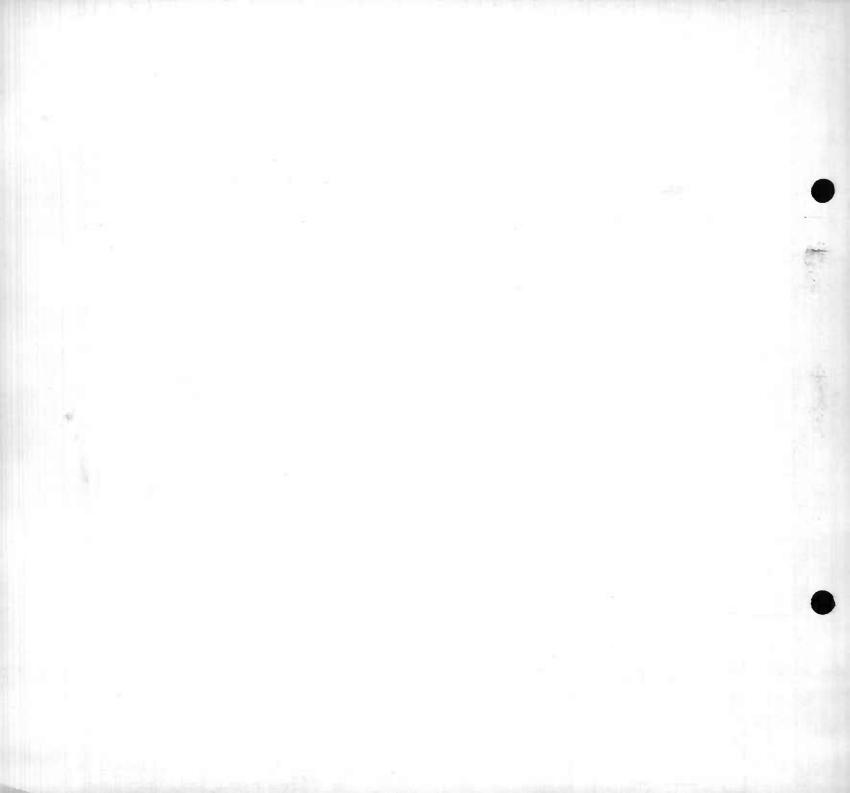
and the state of the same of the state of the same L. Julie displaying 12-12-12-12

Marine State Comment of the State of the Sta

326	BIRTH NO.  M.E. CASE NO.  67 10226  CERTIFICATE OF DEATH  Registered No.  67 10226
of death Deceased e on the	1. NAME OF DECEASED  (Type of Print)  (T
se se (5) dec dec	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR Oddress or locotion)  INSTITUTION  A. STATE  B. COUNTY  MACY AN C - BALTIMORE CO.  C. CITY OR/TOWN (If outside city limits, write RURAL ond give township)
ing cau d cause; attend	BALTIMORE CO. 33-00 D. STREET ADDRESS (If rurol, give locotion)  8 Edmand son Ridge Rd.
ntribur rmine egular ased p	FEMALE CAUCASIAN MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 1-3-99 68 If Under 1 Yr. If Under 24 Hrs Min,
or co Judete is in r	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  Howevife MARY LAND, BAITO,  13. FATHERS NAME  14. MOTHERS MAIDEN NAME
stant if conditions, (4) (eath we con the	RANCE MYERS Lillian Gladhour
assista if the iny king ed dea dance	(Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.  215-10-4826A ESTEILE E-Leydocker & Edwards N Ridge Re BAITE 2871d  IB. 44 4 4 4 1 INTERVAL BETWEEN
or his Also, re of ar nounce attend	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO:
OR: niner. ractur	heort foilure, osthenia, etc. It meons the diseose, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)  Sandalle sunking before a factor of the course of
al exam al exam (3) A in re	DUE TO  DISEASES OR CONDITIONS, if ony, giving tise to the above couse (A) stoling the UNDERLYING CONDITION last.
medica medica burns, physici an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
CNER chief re by a m by the power the properties of the properties of the power the properties of the properti	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Figure 1 by the spital by ure; (2) where 5) No pled before	21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Bollhaftore City, give exect location) OR CONTRIBUTING   CAUSE OF   Control of the control
proved the horny nat except and (6	22. I certify that (1) (this haspital) attended the deceased from OCTOBER 17 19 67 to OCTOBER 24 19 67
eased to tident of a hospital (o death);	ond hour ond from the couses stoted obove. (1) (We) (did) (************************************
ccidea ho	23A. SIGNATURE  M.D. Attending Med. Stoff Director Phys. Director Phys. D22Bev24/19
certificate body was r /s: (1) An a D.O.A. at a ased prior	23C. PHYSICIAMS NAME (Type)  Pendi SARTARATION, D. BON Lecaus Lossital Batto, Md  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) /(Stote)
This certif the body shows: (1) was D.O., deceased	BURIA! 10/28/67 Lowden PK Cem BA/To. 29 Md  25A. DATE REC'D BY HEAVEH-DEPT. 67 28 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 361 Trecleved Rd
### 34 3	VS 150-REV. 1/1/65



	AME OF DECEASED	1. Bev			to be - 2		345- A
3, 1	LACE OF DEATH IN BAL	TIMORE MARYLAN	ND )	4. USUAL RESIDENCE (WA. STATE B. COL	. / /		nce before odmissi
	HOSPITAL OR odde	ALTIMORE C 940 EASTER	TTY HOSPITALS	C. CITY OR TOWN (If outside city limits, write RURAL and give township) 3			
1/		ALTIMORE,		D. STREET ADDRESS	If rurol, give location)	Way	21224
5. 5		HITE 7. W	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 92	9. AGE (In years		r. If Under 24 h
don	USUAL OCCUPATION (Gi during most of working life, e ant operator	even if retired)	and & Gravel	VIRGINIA	preign country)	12. CITIZEN WHAT C	S.A.
1	FATHERS NAME			14. MOTHERS MAIDEN N	AME		
	ill Berry			Alphie Si	sk		
15, (Ye:	was Deceased Ever in U. s,no or unknown) (If yes, giv Yes	S. Armed Forces? e wor or dotes of s	ervice) 6. SOCIAL SECURITY NO.	RECORDS: BALL 4940 EASTERN	TIMORE CITY AVENUE MD.		DRESS S
	18. 44		CAUSE O	F DEATH			RVAL BETWEEN ET AND DEATH
	DISEASE OR CON LEADING	TO DEATH	Υ (Δ)	Pneum	mia	3	days
	(This does not meon the heart failure, asthenia, e		g, e.g., DUE TO				TS
	injury or complication w	hich caused death	and have	nix Obstructi	in Pulmed x	50050	110-5
	injury or complication w	hich coused death NT CAUSES	002 10	Preuma nic Obstructi	ve Palm. dis	seese ye	ars
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ATION	injury or complication w  ANTECEDEL  DISEASES OR CONDI	which coused death NT CAUSES ITIONS, if any, couse (A) statis ON lost.	giving ng lhe (C)	ary frost I	infectio		weeks
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MEDICAL CERTIFIC	Injury or complication was ANTECEDEI DISEASES OR CONDITION THE DEATH BUT OF THE DEATH BUT OF THE DEATH BUT ON THE DEATH BUT ON THE DEATH BUT ON THE DEATH BUT ON THE DEATH (Notify medical extension of the Death (notify medical extension)  21D. TIME (Month) (APPROX.)  22. I certify that the property of the Death (notify medical extension)  23C. PHYSICIANS (MARKE)  24C. MARKE (MARKE)  25C. PHYSICIANS (MARKE)  26C. PHYSICIANS (MARKE)  27C. PHYSICIANS (MARKE)  27C. PHYSICIANS (MARKE)  27C. PHYSICIANS (MARKE)	which coused death  NT CAUSES  ITIONS, if any, cause (A) statis ITIONS (A) statis ITIONS (A) statis ITIONS CONTR IT NOT RELATED ITIONS CONTR ITIONS (A) ITIONS CONTR ITIONS (A) ITIONS CONTR ITIONS (A) ITIONS	giving ng lhe (C)  IBUTING TO THE  218. PLACE OF INJURY (e.g., i home, form, locitory, street, o etc.)  21E. INJURY OCCURRED  While At Not White At Work  And the deceased from the cove on the cove of the cove. At the cove of the cove	20* AUTOPSY? (Yes or NO NO nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID III  21F. HOW DID III  21F. HOW DID III  A LIDERY 23  4 19 6 1 and of the body ofter deother of the body of the deother of the body of the deother of the body of the	OF COLORS  NO) 20B. IF YES, WER IN CERTIFYING COUR?  (If in Boltime of the land of the lan	E FINDINGS CO CAUSES OF DEA  Ore City, give ex  Foliate Si  238, DATE SI  Octo	NSIDERED TH?  oct tocotion)  Z. Y. 19 G.,  ccurred on the  GNED  LOCATION D  ARYLAND
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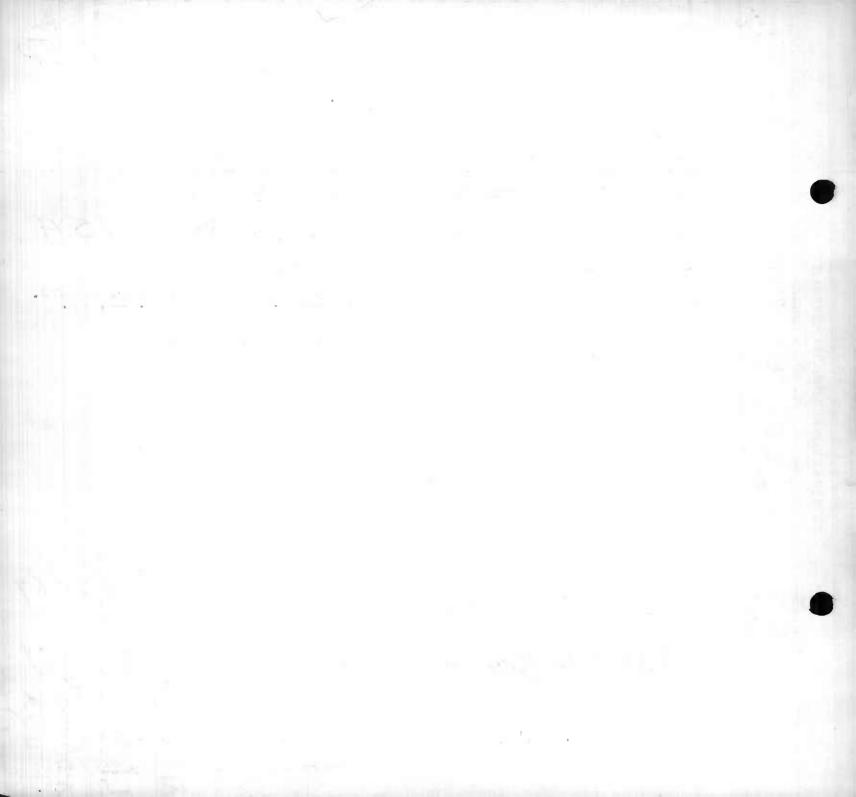


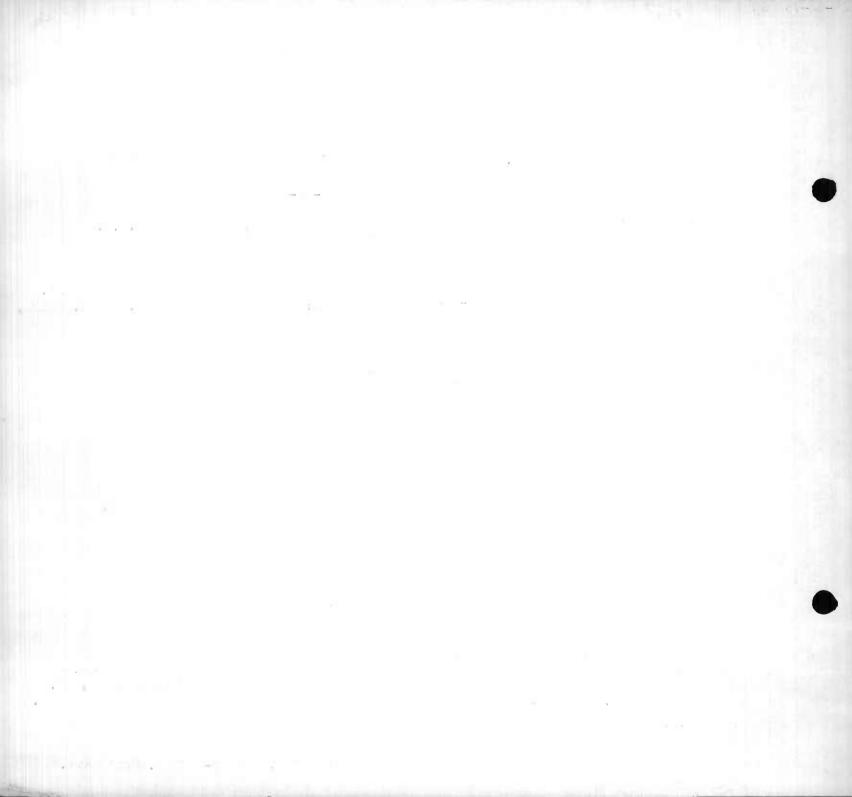
BALTIMORE CITY HEALTH DEPARTMENT

ATTERNATION OF THE PROPERTY OF

resident in tenders

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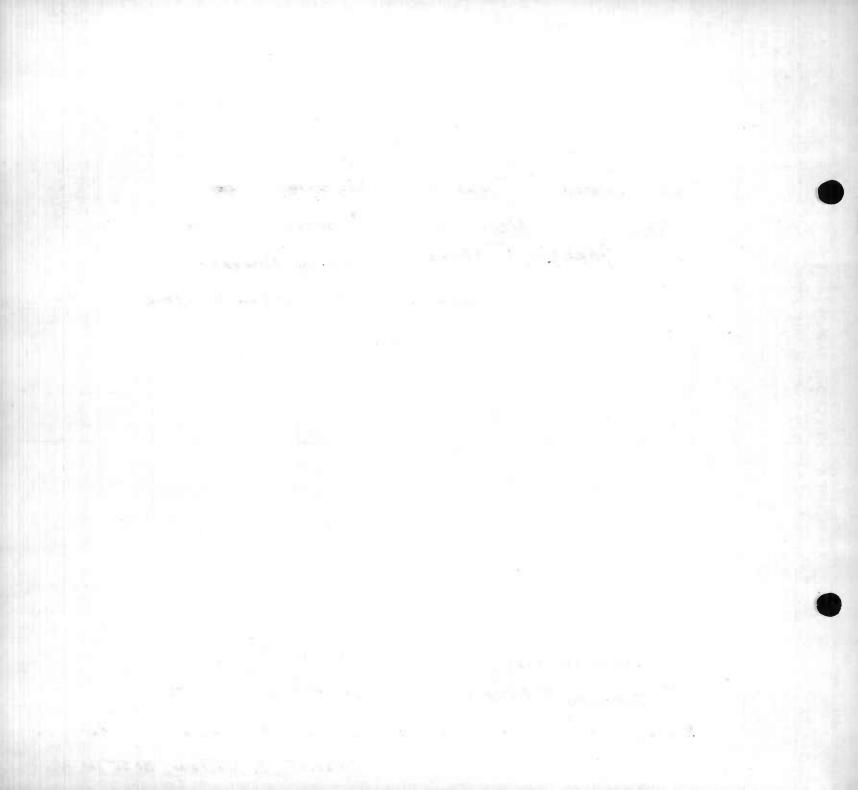
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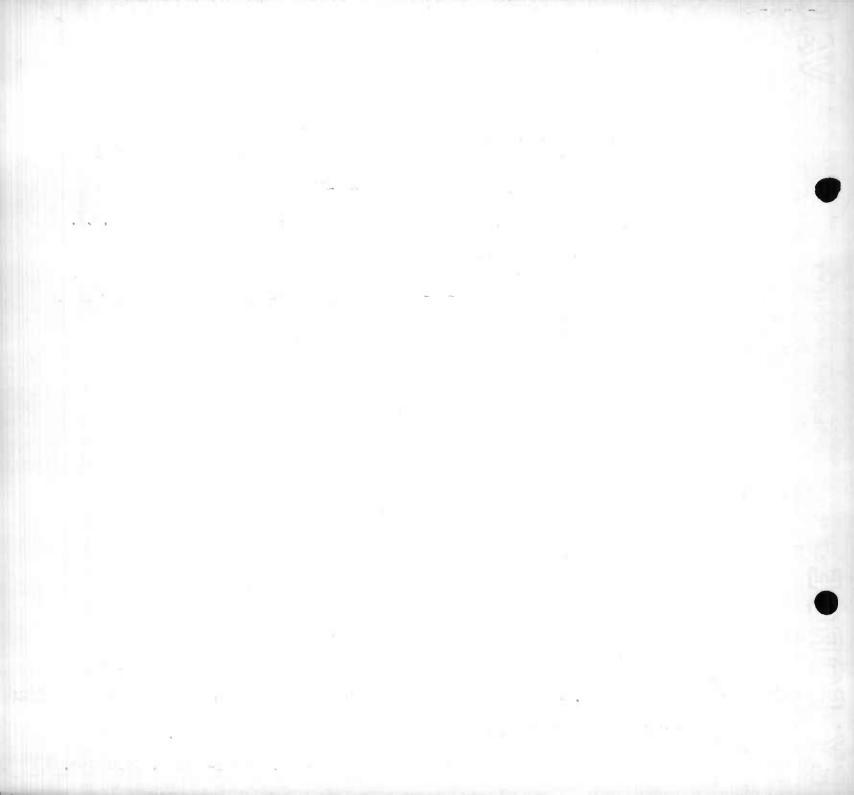
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



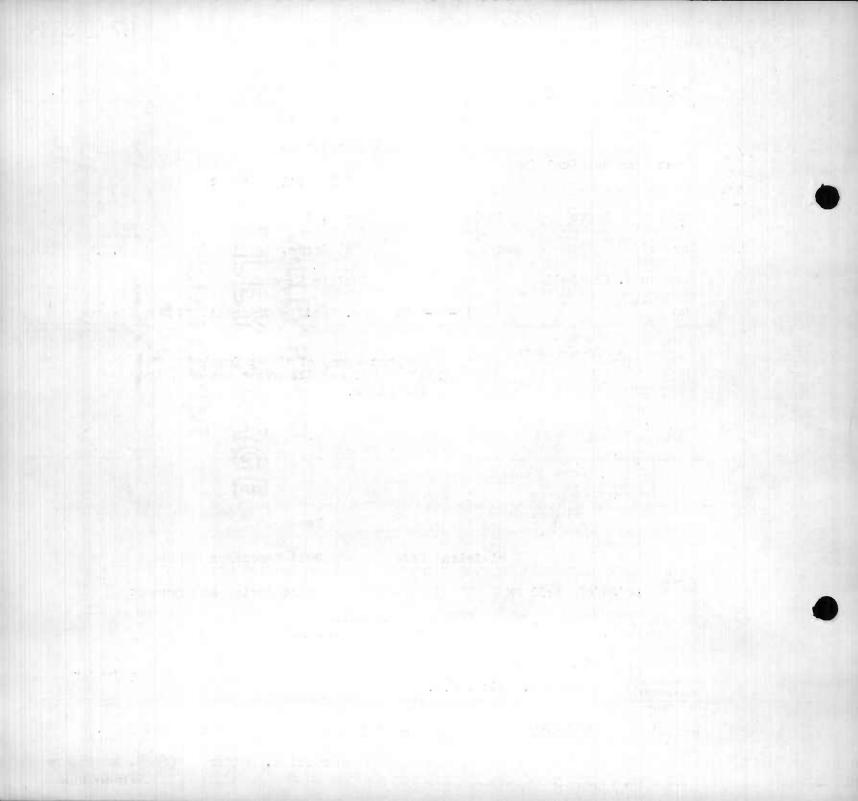


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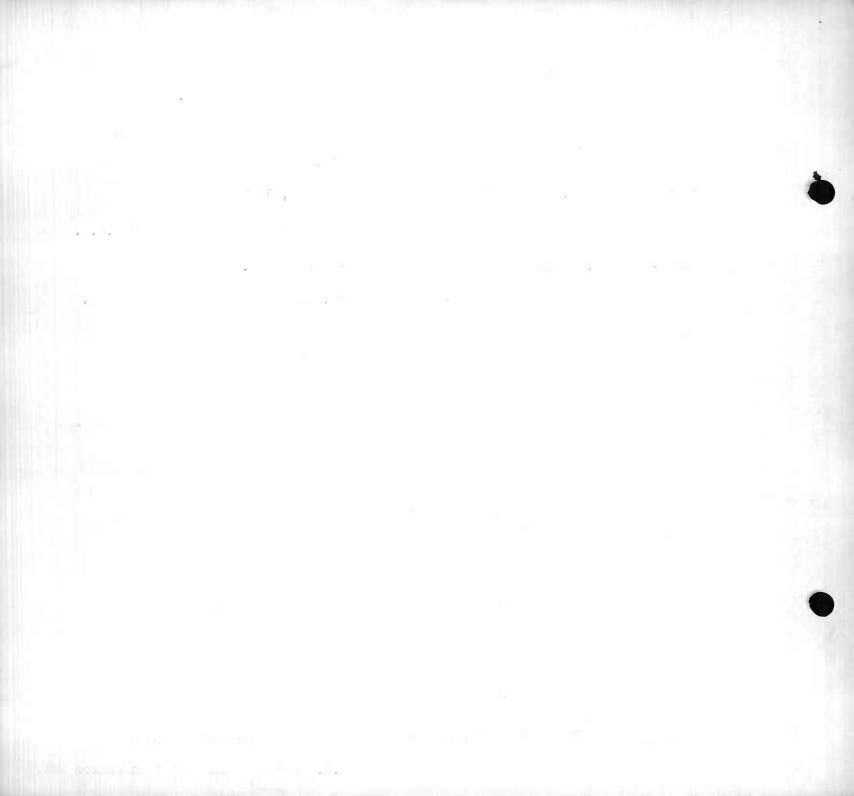
67 10233 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10233

M.E. CASE NO.					
1. NAME OF DECEASED				2. DATE AND HOUR PRONOUNCED DE	AD
(Type or Print)	ay	CAMPBELL			
3. PLACE IN BALTIMORE, MARYLAND			4. USUAL RESID	October 20, 1967 ENCE (Where doceosed lived, If institution B. COUNTY	9:55 P. M. residence before odmission
			A. STATE Mary	and B. COUNTY	
FULL NAME OF (IF NOT IN HOS HOSPITAL OR ADDRESS OR LO	PITAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TO	WN (If outside corporate limits, write RUR	AL and give township)
NSTITUTION			Balti	more	1 02
Tutheren Hespite	1 (DOA)			RESS (If rural, give location)	500
Lutheran Hospita	al (DOA)				12/47
	7 444 00150	NEW TO ALLONDED	B. DATE OF BIRT	Itting Street	(-d- 1 V (6 II d- 04 II
5. SEX 6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	9. AGE (In years If I not birthday)	Under 1 Yr. If Under 24 Hrs. oths, Doys, Hours, Min.
Female Negro	Sin	gle	May 4.	1938 29	
		F BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retir Bar Maid		age Goods	Baltime		U.S.A
3. FATHER'S NAME	- 4011	490 00043	14. MOTHER'S M	ore, Maryland	Uadan
Norman T. Campbe	11		Tuoille	Uerreed	
5. WAS DECEASED EVER IN U.S. ARM		16. SO CIAL	17. INFORMANT	Haycock	DRESS
Yes, no or unknown) (If yes, give wor or		SECURITY NO.			
No		219-38-5571	Wrs. Luc:	ille Campbell 3108 Wy	/lie Ave
1B.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAN DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA  OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE WAS	IF ANY, GIVING () STATING THE (ST.				
DISEASE OR CONDITION CAU	SING IT.				
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	loss	DI A CE OS INITION (	Ye		Yes
VITAL EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH.	home etc.) Di:	e, form, foctory, street, xieland Cafe		WHERE DID (If in Bultimore City, give ex y occur? 122 Edmondson Avenue	oct locotion)
	(Year) (Hour)	TE. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
(APPROX.) 10/20/67	9:55 PM m.	WHILE AT TO NOT	WHILE S	Shot during at argumen	t
22,	FII m.			shot during at argumen	16
1 certify that I held on	Inquiry	Inspection Au	tapsy XX an	d that on this bosis, death in my op	Inian
resulted from Notural	couses	Accident Suicid	lo Homici	ide X Undetermined manner	
1 10	, /		CHIEF M	EDICAL EXAMINER	
ACTUAL // WE	1/	7 ~ -		EDICAL EXAMINER X	DATE SIGNED
SIGNATURE (LOTAL)	167 0	M.D	•		10/21/67
EXAMINER'S Werne	er U. Spi	z, M.D.	ASSOCIATE	MEDICAL EXAMINER	10/21/07
23A. BURIAL CREMATION, 23B. DAT	2	C. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION (City, town	, or county) (Stote)
Burial 10/2!	5/67	Ambutus Maman	ial Damle	Arbutus Balt	to Co. Md
24A. DATE REC'D BY HEALTH DEPT.		Arbutus Memor OF REGISTRAR		AL DIRECTOR	ADDRESS
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OCT 2 7 19	Of Wolser	& E. Farley M	Herbe	er c E. Nucter 3033 (	. NOT CIT AVE
VS 151-REV. 1/1/65	1.4	A 76 E 3	1 13 0	RA	



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	Baltimore, Ma	ryland	21218	Rt. 1 Box 2			
Male	Negro	Marr		8. DATE OF BIRTH 9/16/24	9. AGE (In years lost birthday)	If Under 1 Months D	Yr. If Under 24 oys Hours Mi
	UPATION (Give kind of work working life, even if retired) VOI		overnment	Maryland	fareign country)	12, CITIZEI WHAT	OF COUNTRY?
Thomas (				Helen Jackso			
Wos Deceoses s, no or unknow Yes	d Ever in U. S. Armed For n) (If yes, give wor or dote 5/13/43 to 1	s of service)	16. SOCIAL SECURITY NO. 577-20-5023	17. INFORMANT Re VAH, Baltimor	eords e, Md. 21218	A	DDRESS
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PHYS THE	JOHN L. C	CAMERON	M.D.	Veterar	ns Administra	tion Ho	spital
Burial CRE	Specify) 24B DATE		ME of CEMETERY of CRE Saint Peter,s		waldorf, Ma		county) (Sto
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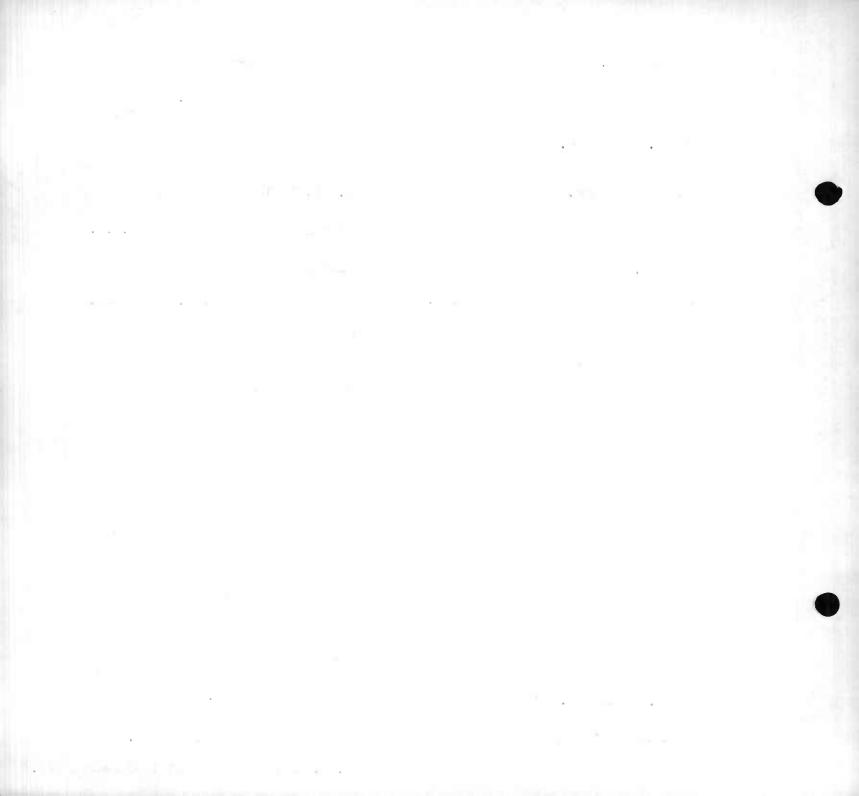
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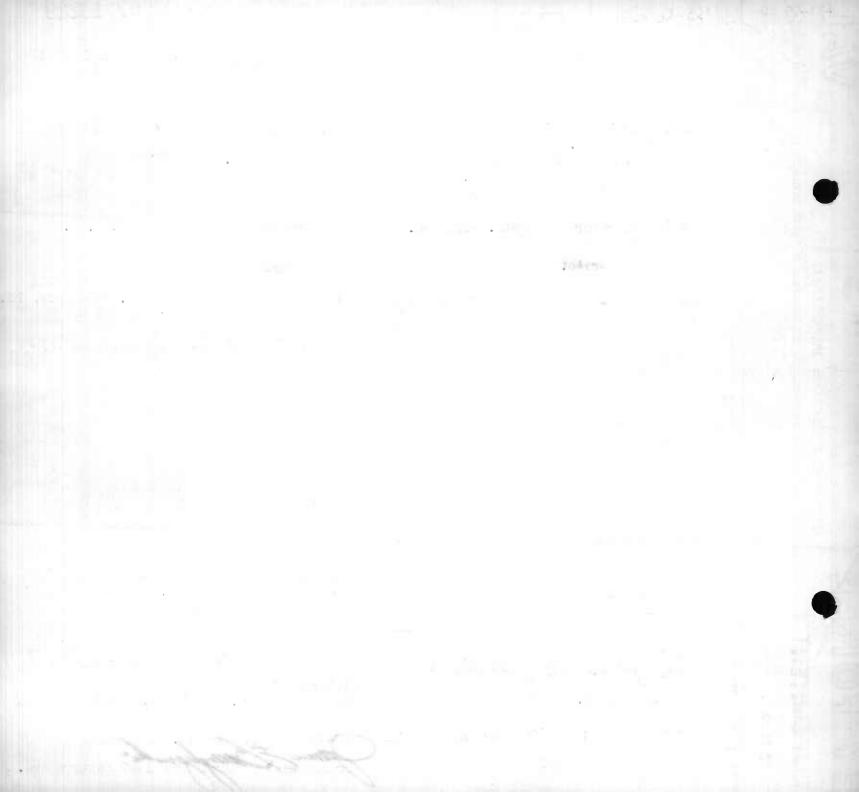
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FULL NAME OF MODIFICATION  General German Aged Peoples Home  General German Aged Peoples Home  22 S. Athol Ave.  SEX  B. EACE  J. MARKET, MAYER AND DOUGLE Liquidly  General German Aged Peoples Home  22 S. Athol Ave.  SEX  B. EACE  J. MARKET, MAYER AND DOUGLE Liquidly  General German Aged Peoples Home  D. SHET ADDRESS  BI Land Development of the Market Development of Marke	PLACE OF DI	EATH IN BALTIMORE MA	RYLAND		4. USUAL RESIDENCE (V	here deceased lived. If in	astitution; residence belove admission
HOPPIALOS  General Aged Peoples Home  22 S. Athol Ave.  SEX  GENERAL  FENDERS (If two), give location and part of the part of					A. STATE B. CO	YTNU	
General German Aged Peoples Home  22 S. Athol Ave.  SEX				n, give street			
22 S. Athol Ave.  D. STRETT ADDRESS (If nowl, are location)  Cauc.  Middowed.  Divorted. Divorted. Disposition  Middowed.  Divorted. Divorted.  Middowed.  Divorted. Disposition  Middowed.  Divorted. Disposition  Middowed.  Divorted. Disposition  Middowed.  Disposition  Disposition  Middowed.  Disposition  Disposition  Disposition  Middowed.  Disposition  Disposition  Disposition  Middowed.  Disposition  Disposition  Disposition  Middowed.  Disposition  D	INSTITUTION				C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
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SEX   6. RACE   7. MARKED NEVER MARKED NUMBER OF SUBJECT   1. DATE OF BIRTH   7. AGE (in your lost binding)   1. DATE OF BIRTH   1. DATE OF BIRTH	22 S.	Athol Ave.			2	- 41	^
## WIDOWED, DIVORCED (specify Widowed   Feb. 25, 1881   866   Monitary   Moni						7	
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20. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes oil Noil 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (III in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  21A. HOW DID INJURY OCCUR?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (III in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (III in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  2	TO THE	DEATH BUT NOT REL	ATED TO	THE			
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DR CONTRIBUTING CAUSE OF DEATH (notily medical examines)    August 1	E IVA. DATE O			WHICH OPERATION	AUTOPST? Ties of	IN CERTIFYING CA	USES OF DEATH?
DR CONTRIBUTING CAUSE OF DEATH (notily medical examines)    Dath (notily medical examines)			- 10		NO		
DEATH (notity medical examines)  OF INJURY  (APPROX.)  21. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work  22. I certify that (I) (this hospital) attended the deceased from 19 6.7 and that in (my) (aur) apinian death accurred on the decay and hour and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Stoff Director Direct	OR CONTRIB	ENT WAS UNDERLYING	2 h	TB. PLACE OF INJURY (e.g., in ome, form, foctory, street, of	fice bldg., INJURY OCCUR?	(II in Boltimor	e City, give exact location)
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURRED While At Work At Wor	<b>▼</b> DEATH (notil		et	tc.)			
While At Work  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an Annual and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23D. ADDRESS  Dr. William J. Bryson  M.D. Attending Med. Director Stoff Phys.  23D. ADDRESS  Dr. William J. Bryson  M.D. 4605 Edmondson Ave.  4A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, of county) (Stote)  Burial 10/27/67 Loudon Park Cemetery  Baltimore Md.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  H. H. Witzke & Sons 4101 Edmondson Ave.	21D. TIME	(Month) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21F, HOW DID I	NJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased fram.  that (I) (we) last saw the deceased alive an deceased fram.  1967 and that in(my) (aur) apinian death accurred on the deceased alive an deceased alive an deceased fram.  1967 Attending Med.  23B. DATE SIGNED  23D. ADDRESS  NAME (Type)  Dr. William J. Bryson  M.D. 4605 Edmondson Ave.  24D. LOCATION (City, town, or county) (Stote)  Burial 10/27/67 Loudon Park Cemetery Baltimore Md.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR  H. H. Witzke & Sons 4101 Edmondson Ave.	S OI MAJORI		V	Vhile At □ Not While	e —		
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that (I) (we) last saw the deceased alive an	22, 1 certif	v that (1) (this hospita	I) attended	the deceased from	Locat	1967 10 25	(9rt 10 67
and haur and from the causes stated abave. (I) (We) (did) (dId nat) view the bady after death.  23A. SIGNATURE    Attending   Med.   Stoff   Location   Lo				11 1 100 4 44	12 617		
23A. SIGNATURE  23A. SIGNATURE  M.D. Attending Dephys. Stoff Phys. 23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  24C. Phys. 23D. Address  M.D. 4605 Edmondson Ave.  4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stote)  Burial 10/27/67 Loudon Park Cemetery Baltimore Md.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR  H. H. Witzke & Sons 4101 Edmondson Ave.	that (I) (we	) last saw the deceas	ed alive an		and and	that in (my) (aur) apl	nian death accurred on the do
Attending Phys. Stoff Director Phys.   Attending Phys. Stoff Phys.   Add Director Phys.   Attending Phys. Stoff Phys.   Add Director Phys.   Attending Phys. Stoff Phys.   Add Director Phys.   Add Direc	and haur ar	nd from the causes sta	ted abave.	(I) (We) (did) (dld nat) v	iew the bady after deatl	h.	
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23D. ADDRESS  NAME (Type)  Dr. William J. Bryson  M.D. 4605 Edmondson Ave.  44A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  Burial  10/27/67  Loudon Park Cemetery  Baltimore Md.  25C. FUNERAL DIRECTOR  H. H. Witzke & Sons 4101 Edmondson Ave.	11/2%	lina 1	2 Dest	M.D. Atte	nding Med.		160004-60
Dr. William J. Bryson  M.D. 4605 Edmondson Ave.  4A. BURIAL CREMATION. 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stote)  Burial 10/27/67 Loudon Park Cemetery Baltimore Md.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  H. H. Witzke & Sons 4101 Edmondson Ave.	Wolfer	com g. 1	Juga			Phys. 🗀	2000.00
4A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stote)  Burial 10/27/67 Loudon Park Cemetery Baltimore Md.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  H. H. Witzke & Sons 4101 Edmondson Ave.	NAME (	Type)	1	ľ			/ .
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Burial 10/27/67 Loudon Park Cemetery Baltimore Md.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  100.7 27 1967 Cond. 2. Supply H. H. Witzke & Sons 4101 Edmondson Ave.	4A. BURIAL CR	EMATION, 24B. DATE	_	NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  H. H. Witzke & Sons 4101 Edmondson Ave.		- / /	· ~	T 1 2 1 2			
H. H. Witzke & Sons 4101 Edmondson Ave.							
To the way of the state of both which the state of	SA. DATE REC'I	BY HEALTH DEPT.	25B. NAME		25C. FUNERAL DIRECT	OR	ADDRESS
		1001 6 ( 1307 (	John	TE, JOHN PLA	H. H. Witzk	ce & Sons 41	01 Edmondson Ave.
\$ 150-REV. 1/1/65	/S 150-REV. 1/1	/65	-			1	



S. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD   A. STATE   S. COLUMN   C. STREET   C. STREET   S. COLUMN   C. STREE		l Na.	EA IH Registered	IE OF D	KIIFICA	CAMINER 5 CI	CALE	MEDI	BIRTH NO.
S. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD   S. PLACE IN BALTIMORE OF MARTINION   S. PLACE IN STANDARD OF MARTIN									
S. PLACE IN BALTIMORE MARKLAND, WHERE PRONOUNCED DEAD HULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION  Baltimore City Hospital (DOA)  Baltimore City Hospital (DOA)  Baltimore City Hospital (DOA)  Baltimore City Hospital (DOA)  D. STREET ADDRESS (It rous), give location!  C. CITY OR TOWN (If outside corporate limits, write RURAL and give to the complete limits, write RURAL and give to the RURAL and give				and the second			-	CEASED	1. NAME OF DEC
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREE		12:12							
Disease or condition directly    Disease or Condition Disease   Condition Disease   Condition   Condit	9	Baltimore	B. COUNTY	land	Mary 1		L OR INSTITU	(IF NOT IN HOSPITA	FULL NAME OF HOSPITAL OR
Female White Widowed 10A. USUAL OCCUPATION (Give kind of work place, want frelied) 10B. RIND OF BUSINESS OR INDUSTRY 11. BRRHPLACE Issue or foreign country WHAT COUNT INDUSTRY 12. CITIZEN OF WHAT COUNT INDUSTRY 12. CITIZEN OF WHAT COUNT INDUSTRY 13. FATHER'S MANDE Andrew Cairns  1.5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grundwork) If yes, give wor or doles of service) 217, 30 4752 Mary Ann Schepers 25 Left Wing Dr. Pa  18. CAUSE OF DEATH  19. CAUSE OF DEATH  10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  11. III OTHER SIGNIFICANT CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT.  19. DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT.  19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  21. EXTERNAL CAUSE WAS UNDERLYING CONDITION FOR WHICH OPERATION NO IN CERTIFING CAUSES OF DEATH.  21. EXTERNAL CAUSE WAS UNDERLYING CONDITION FOR WHICH OPERATION NO IN CERTIFING CAUSES OF DEATH.  21. EXTERNAL CAUSE WAS UNDERLYING CONDITION FOR WHICH OPERATION NO IN CERTIFING CAUSES OF DEATH.  21. EXTERNAL CAUSE WAS UNDERLYING CONDITION FOR WHICH OPERATION NO IN CERTIFING CAUSES OF DEATH.  21. EXTERNAL CAUSE WAS UNDERLYING COURTED OF INJURY (e.g., in or about 21C. WHERE DID (if in Boltimore City, give exact location) which causes death and the course of the condition of	,	5370	ive location)	ORESS (If rural, gi	D. STREET ADD	(DOA)	ospital	timore City H	Balt
IDAL STATE OF COUNTY OF SUSINESS OR INDUSTRY 11. BRTHPLACE Isole or foreign country)  HOUSEWIFE  3. FATHER'S NAME  Andrew Cairns  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) fill yes, give war or doles of service)  NO  18. ADDRESS  16. SOCIAL SECURITY NO. 217 30 4752  Mary Ann Schepers 25 Left Wing Dr. Ra  INTERVA ONSET A  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This deas not mean the mode of dring, e.g., heart finding or complication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  27. EXTERNAL CAUSE WAS DIDERLYING CONDITION CAUSING IT.  19. ADATE OF OPERATION WAS PERFORMED  27. EXTERNAL CAUSE WAS DIDERLY (C.g., in or about 21 C. WHERE DID (If in Baltimare City, give exact location) home, form, factory, sheet, office bidg, INJURY OCCUR?  10. THE DISEASE OR CONDITION CAUSING IT.  10. THE DISEASE OR CONDITION CAUSING IT.  10. THE DISEASE OR CONDITION CAUSES OF DEATH?  10. THE DISEASE OR CONDITION CAUSED WAS PERFORMED  10. THE DISEASE OR CONDITION CAUSED WAS PERFORMED  10. CRUTERY (C.g., in or about 21 C. WHERE DID (If in Baltimare City, give exact location) home, form, factory, sheet, office bidg, INJURY OCCUR?  10. THE DISEASE OR CONDITION CAUSED  10. CRUTERY (C.g., in or about 21 C. WHERE DID (II in Baltimare City, give exact location) IN CREMERY (C.g., in or about 21 C. WHERE DID (II in Baltimare City, give exact location) IN CREMERY (C.g., in or about 21 C. WHERE DID (II in Baltimare City, give exact location) IN CREMERY (C.g., in or about 21 C. WHERE DID (II in Baltimare City, give	nder 24 Hrs ors Min.	If Under 1 Yr. If Under Months Doys Haurs	9. AGE (In years If I lost birthdoy) Mo	тн	8. DATE OF BIRT				5. SEX
10.A USUAL OCCUPATION (Give kind of wark 108, NND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE Islate of foreign country   12. CTIZEN OF WHAT COUNT   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. SOCIAL   17. INFORMANT   17. I				. 1908	Oct. 21				
Housewife  Home  Albany N. Y.  IS. MADEW Cairns  S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service)  NO  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  INTERVA ONSET A  LEADING TO DEATH  Hypertensive and Arteriosclerotic  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SONTRIBUTING TO THE OF OPERATION WAS PERFORMED  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  NO  1904. AUTOPSY? (Yes or No.) 2008. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH.  1904. DATE OF OPERATION WAS PERFORMED  NO  10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TOR WHICH OPERATION WAS PERFORMED  NO  10 THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  NO  20 A. AUTOPSY? (Yes or No.) 2008. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH.  10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TOR WHICH OPERATION WAS PERFORMED  NO  10 THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  NO  21, PLACE OF INJURY (e.g., in ar about 21C, WHERE DID WAS PERFORMED  NO  21, EVERTAL CAUSE WAS NOT WHILE OF INJURY OCCUR?  OF INJUR	RY?	2. CITIZEN OF WHAT COUNTRY?	caunity) 12.	1State or foreign	11. BIRTHPLACE	F BUSINESS OR INDUSTRY	108, KIND OI		
Andrew Cairns    S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 217 30 4752   Mary Ann Schepers 25 Left Wing Dr. Rail Niteral Onset A Doress of Death   Security No. 217 30 4752   Mary Ann Schepers 25 Left Wing Dr. Rail Niteral Onset A Doress of Death   Hypertensive and Arteriosclerotic   ANXXX Cardiovascular Disease   Mary Ann Schepers 25 Left Wing Dr. Rail Niteral Onset A Doress of Death   Hypertensive and Arteriosclerotic   ANXXX Cardiovascular Disease   Mary Ann Schepers 25 Left Wing Dr. Rail Niteral Onset A Doress of Death   Hypertensive and Arteriosclerotic   ANXXX Cardiovascular Disease   Mary Ann Schepers 25 Left Wing Dr. Rail Niteral Onset A Doress of Death   Hypertensive and Arteriosclerotic   ANXXX Cardiovascular Disease   Mary Ann Schepers 25 Left Wing Dr. Rail Niteral Onset A Doress of Death   Hypertensive and Arteriosclerotic   ANXXX Cardiovascular Disease   Mary Cardiovascular Disease   Mary Cardiovascular Disease   Mary Cardiovascular Disease   Mary Cardiovascular Disease   Disease On Condition Causing It.   Co.   Disease On Condition Causing It.   Disease On Cond				. N. Y.	Albany	9	Home		**
1. SOCIAL   SECURITY NO.   1. SOCIAL   SECURITY NO.   217 30 4752   1. SOCIAL   SECURITY NO.   217 4752   1. SOCIAL   SECU								NE .	13. FATHER'S NAM
1. SOCIAL   SECURITY NO.   1. SOCIAL   SECURITY NO.   217 30 4752   1. SOCIAL   SECURITY NO.   217 4752   1. SOCIAL   SECU				3				ew Cairns	Andr
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliuse, asthenic, etc. It means the disease, injury a complication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C).  (C).  (C).  (C).  (C).  (C).  (C).  (C).  (C).  (D)  (C).  (D)  (E)  (C).  (C).  (C).  (D)  (D)  (D)  (D)  (E)  (D)  (D								D EVER IN U.S. ARMED	15. WAS DECEASE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This dees not mean the mode of dying e.g., hoof failure, astherine, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION (e.g., in ar about 21C., WHERE DID (If in Ballimare City, give exact locotion) home, farm, factory, street, office bidg, INJURY OCCUR?  (A) THE DEATH OF OPERATION (Day) (Yeor) (Hout) 21E. INJURY OCCURRED OF INJURY (APPROX.)  21D TIME (Month) (Day) (Yeor) (Hout) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that I held on Inquiry Inspection Suicide Hamicide Undetermined manner	Lto 20	ng Dr. Balto	s 25 Left Wing	Schepers	Mary Ann	217 30 4752		-	No
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR?  21D TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.)  22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner						(c)	NY, GIVING ATING THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT REL	DISEASES ( RISE TO TH UNDERLYIN
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Ballimare City, give exact location) hame, farm, factory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  22.  I certify that I held on Inquiry Inspection  Inspection  Accident Suicide Hamicide Undetermined manner	D			IN.		WHICH OPERATION	DITION FOR	OPERATION 198. CON	19A. DATE OF
OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner		exact location)		WHERE DID (IF	n ar abaut 21C. ' ffice bldg., INJUR	PLACE OF INJURY (e.g., i e, farm, factory, street, o	hame	OR CONTRIB-	UNDERLYING CAU
I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner			Y OCCUR?	IOM DID INJUR	WHILE	WHILE AT TO NOT	\	(Month) (Day) (Yeor	OF INJURY (APPROX.)
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X			MINER X	ide Un MEDICAL EXA MEDICAL EXA	CHIEF N	Accident Suicide	J.	L Class URE Charles	ACTUAL SIGNAT
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify)  Burial 10/30/67 Arlington National Cemetery Arlington Va.	(Stote)	wn, ar county) (						y)	REMOVAL (Specify
Burial 10/30/67 Arlington National Cemetery Arlington Va.  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS  Druzdzinski Funeral Home 1407 Easter  VS 151-REV. 1/1/65	rn Av	e-	Sendenki	RAL DIRECTOR	24C. FUNER	OF REGISTRAR		BY HEALTH DEPT.	24A. DATE REC'D

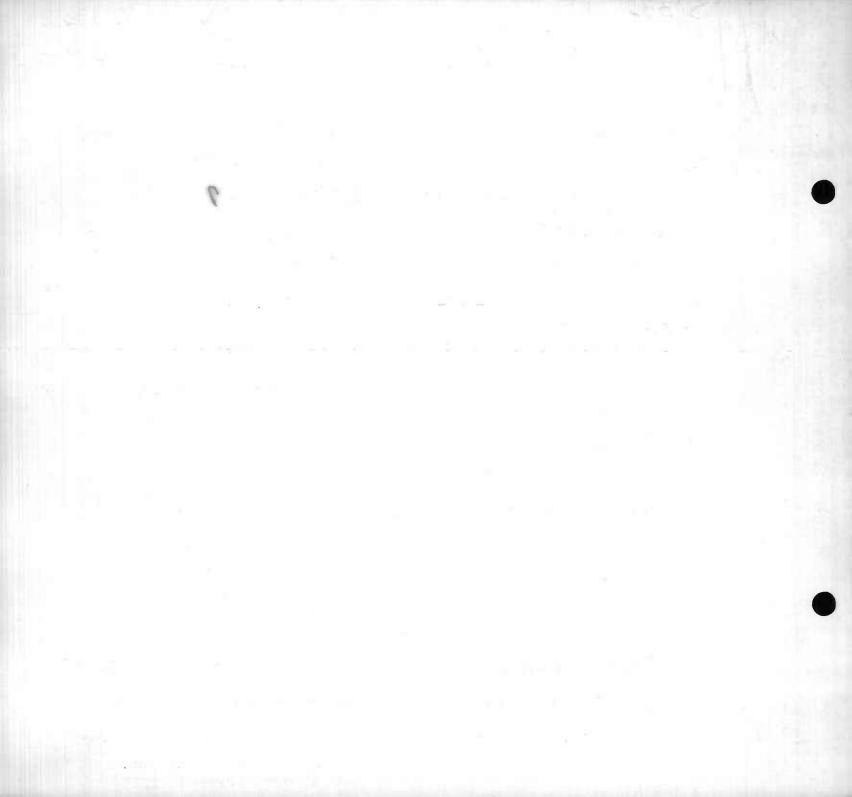
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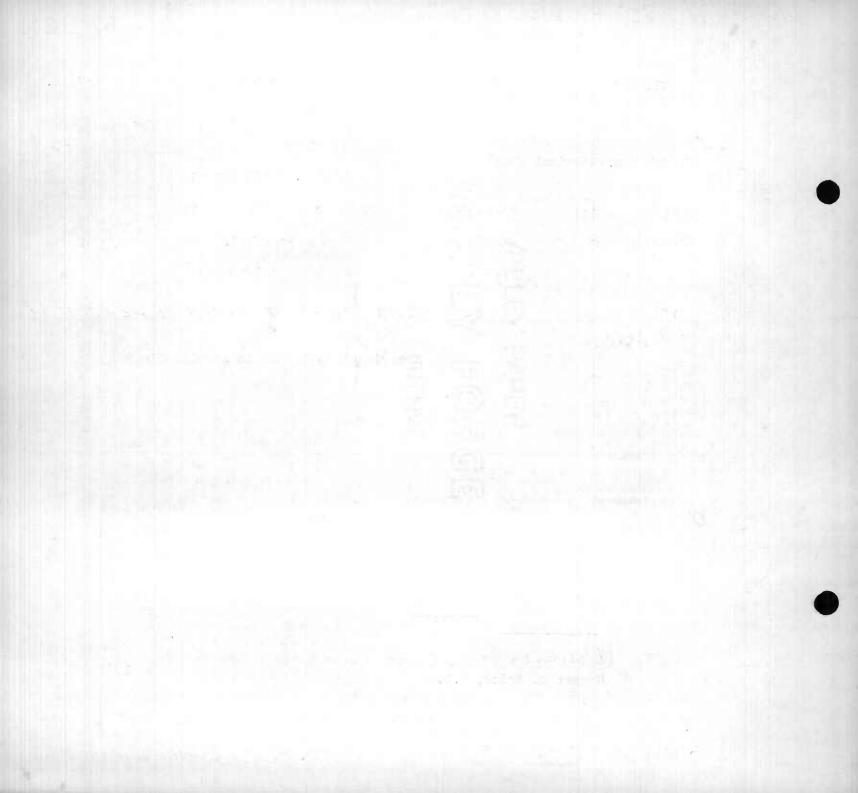


+-236 CT 10	BALTIMORE CITY	HEALTH DEPARTMENT		CM 4 00 44
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	67 10241
M.E. CASE NO.  1. NAME OF DECEASED EDMUND GEO	DEGE FOSTER )	2. DATE AN	D HOUR OF DEATH	10-25-47
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Zamma	4. USUAL RESIDENCE (When	e deceased lived. If in:	stitution; residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	D -	URAL and give township)
19 Maryland general	Hospertal	D. STREET ADDRESS (III	1	of / "U of
7 0		2-8-19	overlar	d Avenue
M W WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	Mar. 1.6%, 1897	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	Retired	1 101	ltimore	12, CITIZEN OF WHAT COUNTRY? USA
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	. 1	
15. Was Deceased Ever in U. S. Armed Forces?	214-03-9996	4 Hughst	a Milkr	ella AM. Foster
(Yes, no or unknown) (If yes, give wor or dotes of serv	19215-54-4359	- Cha	+ 2819 OV	erland Avenue
18.4201	CAUSE O	E DEATH	2017 01	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		TI.	4 1	11 0
(This does not mean the mode of dying, heat foilure, asthenia, etc. It means the distinjury or complication which coused death.)		ormany In	drood tary	16 days
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, ginise to the above couse (A) stating UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE F	INDINGS CONSIDERED
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
(APPROX)	While At Not While Work At Work			
22. I certify that (this hospital) attend	ed the deceased fram	10-9	967_to	10-25 1967.
that (4) (we) last saw the deceased alive	an 10 25	19 6 7 and the	at In (aur) apir	ion death accurred an the date
and haur ond fram the causes stated above	e. 44) (We) (did) ( <del>did not</del> ) v	iew the body after death.		
23A. SIGNATURE	M.D. Atte	nding Med.	Stell -	23B. DATE SIGNED
200 Pluges Clive	Phy	Director	Stoff Phys. 1	10-25-67
23 C. PHYSICIAN'S NAME (Type)	M.D.	D. ADDRESS	1 54	
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 1340 H	OCATION (Cit	town or country (Sec.)
REMOVAL (Specify)				y, town, or county) (State)
	967 Dulaney Va	lley Mem. Gar	dens Cocke	eysville Md.
	Farberta	HENRY SAND	ER & SONS	
VS 150-REV. 1/1/65		BALTIMORE	MARYLAND :	21213

and the first property 13 <u>. U</u> market affined market Mary and the state of 4...15 

5-332	BALTIMORE CITY	HEALTH DEPARTMENT		67 10949
BIRTH NO. 67	10242 CERTIFICA	TE OF DEATH	Registered Na.	01 10242
M.E. CASE NO.	DREW J. STETSER )		ND HOUR OF DEATH	
(Type or Print) STETSE	R, ANDROW	10/2	6/67	1 4 33 Ama
PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Wh.	ere deceased lived. If	institution: residence before admission
FULL NAME OF (If not in hospital	or institution, give street	MODITON SUR	1	
HOSPITAL OR oddress or location	)	C. CITY OR TOWN (II o	utside city limits, write	RURAL and give township)
THE JOHNS HOPKI	NC KASPITAL	LUDUDS TO U	IN	V-27
146 104 N3 1401 KI	103 110311111	D. STREET ADDRESS	rurol, give location)	
33		230 HOWA	and AVE.	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
MALE WHITE	MARRIED	10/3/10	54	
OA, USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
SUPERVISOR DUPONT	DUPONT	New Jersey		USA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
John Stetser		France	s Van Rom	18.
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (It yes, give war or date	ces? 1 6. SOCIAL	17. INFORMANT	2	30 Howard Ave
NO	146 + 05-1489	Mrs Hazel R.	Stetser	Woodstown
18. / (2 / /3 1	CAUSE O		D OC USE1	INTERVAL BETWEEN
DISEASE OR CONDITION DIR				ONSET AND DEATH
LEADING TO DEATH	(A)	CARDIAC AR	REST	5 Minure
(This does not mean the made at heart failure, asthenia, etc. it means	dying, e.g., DUE TO	**************************************		
injury ar camplication which coused		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	into a la co	B1 M20-0 7
ANTECEDENT CAUSES	(B)	= IASIAIL UMA	LIVOUR OF	BUADDOR Zyrs
DISEASES OR CONDITIONS, if				g g
rise to the abave cause (A) UNDERLYING CONDITION last.	sloling the (C)		*******************************	***************************************
11				
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING			
O THE SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE T.			
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
EL COLOSTOMY BO	WEL OBSTRUCTION		NO	AUSES OF DEATH:
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	fice bldg., INJURY OCCUR?	(It in Boltimo	re City, give exoct locotion)
DEATH (notify medical examiner)	D etc.)		NO	
OF INJURY (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX) NO -	While AI No Not While Work	e	NO	
22. I certify that (1) (this hospital			1967 to 1	0/26 1967
that (I) (we) last saw the decease	10/01	12		
	The state of the s			pinlon death accurred on the dat
23A. SIGNATURE	ed obove. (I) (We) (did) (did not)	lew the body after deoth.		IOOR DATE SIGNED
Su + F Va	M.D. Att	ending Med.	Stoff D	23B, DATH SIGNED
flut ) Hor	SUY. Phy	s. Director	Phys.	10/26/01
23C. PHYSICIAM'S NAME (Type)	U	23D. ADDRESS	-	
BRENT L. HO	RSLEY M.D.	THE JOHNS 1	topkins H	OSPITAL
REMOVAL (Specify) 248. DATE	24C, NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (State)
Burial 10/28	/67 Lawnside	Wo	oodstown	New Jersey
SA. DATE RECO BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
001 01 1301 (Color	a C' Marient	Henry Sand		
/\$ 150-REV. 1/1/65		Baltimore	Marylend	21213





10711 10				
IRTH NO.	244 CERTIFICA	TE OF DEATH	Registered No.	67 10244
A.E. CASE NO NAME OF DECEASED			ND HOUR OF DEATH	
Tuna as Right	111			
PLACE OF DEATH IN BALTIMORE, MARYLAND	101	4. USUAL RESIDENCE (Wh	ere deceased lived It	25.69 12:30 F
		A. STATE 8. COU	NTY	
FULL NAME OF (If nat in haspital ar institution	on, give street	C. CITY OR TOWN (II o	10	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (II o	utside city limits, write	RURAL and give township)
00		BALTIM	ORE	410/
00		D. STREET ADDRESS (I	f rurol, give location)	
24/3 FLEETWO	00	2413 FL	EETWOO	DAVE
SEX 6. RACE 7. MARRI	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months! Days Hours! Mir
FEMALE CAUCASIAN W	100 WED	JUNE 1.1879	88	Nonins Days Hours Will
DA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of for	eign country)	12. CITIZEN OF
one during most of working lite, even if retired)		001 000		WHAT COUNTRY?
HOUSE WIFE		POLAND		15T PAPERS
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
ANTHONY VINCENT		INK	roun	
ANTHONY VINCENT . Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT	0000	ADDRESS
		00007 1111	1	AVE
N6	NONE	DOROTHY 1	TERRING ;	2413 FLEETWOR
18. 4 2 2 .   1	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		X SCIIV		The state of the s
(This does not mean the made of dying, e	.g., QUE TO	MUVU	***************************************	gews
heart failure, asthenia, etc. It means the disea		•		1
injury or complication which caused death.)				
ANTECEDENT CAUSES	DUE TO	***************************************		t papagone s g covered ocated a season most modeled a t
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FEMALE CARRASANT A SUMMER OF THE STATE OF TH LIVE DELETAY MERRIA SINT SINT THE REPORT OF THE PROPERTY OF

67	111245	E CITY HEALTH DEPARTMENT	67 10245
BIRTH NO. M.E. CASE NO.	CERTIF	ICATE OF DEATH Regis	tered No.
NAME OF DECEASED		2. DATE AND HOUR	OF DEATH
Type or Print) MAGGIE	REAVES	Oct. 25	1967 1025 A
B. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	A. STATE B. COUNTY	tived, If institution: residence before admiss
FILL MANE OF THE STATE OF THE S	. t eta. et	MARYLAND	Y
HOSPITAL OR oddress or locotion	r institution, give street	C. CITY OR TOWN (If outside city li	imits, write RURAL and give township)
INSTITUTION		BALTIMORE	8-0
LINCOLN MEMORII	AL NURSING H	D. STREET ADDRESS (If rurol, give	locotion)
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SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	upase I If IIadas 1 Vs. If IIadas 24
	WIDOWED, DIVORCED (spec		Months Doys Hours Mi
FEMALE NEGRO  OA, USUAL OCCUPATION (Give kind of work)	MARRIED	DUSTRY 11. BIRTHPEACE (State or foreign country)	12, CITIZEN OF
tone during most of working lite, even if retired)	TOUR MILES OF TOURINGS OR THE		WHAT COUNTRY?
		VIRGINIA	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
HENRY STOKE	2.5	II AL WALALAL	
5. Was Deceased Ever in U. S. Armed Force	es? 16. SOCIAL	17. INFORMANT	ADDRESS
res, no or unknown) (If yes, give wor or dates		Mana	
	212-10-10		
18. 14 3 44 1 1	CA	USE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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(This does not mean the mode of heart foilure, asthenia, etc. It means		10	
injury ar complication which caused			
ANTECEDENT CAUSES	(B)	TO	
DISEASES OR CONDITIONS, if a			
rise to the above couse (A) UNDERLYING CONDITION lost.	stating the (C)		
CHOCKETING CONDITION 10SI.			
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBITING		
TO THE DEATH BUT NOT RELAT	TED TO THE		
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U 21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INITIO	Y(e.g., in or obout 21 C. WHERE DID (II	in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, st	treet, office bldg., INJURY OCCUR?	
U			
OF INJURY (Month) IDoy) (Year)	(Hour) 21 E. INJURY OCCURR		U R?
(APPROX)		of While twork	
22. I certify that (I) (this hospital)			10 10 - 25 196
		7/- //	
that (I) (we) last saw the deceased			(our) opinian death accurred an the
and hour and fram the causes state	ed abave. (1) (We) (did) (did	not) view the bady after death.	
23A. SIGNATURE			23 B. DATE SIGNED
Ma St	Som love to X. M.	D. Attending Med. Stoff Phys.	10/25/67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 7 /6-
NAME (Type)	DEUNAKINE	M.D. 3519 TENNISO	N HU / ARLT
4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY		1
BENOVAL ISpecify)	1 O TEMPORE	Zab. Location	(City, town, or county) (Sto
12mal 128/6	7 mi ch	hum Bal	twore. ma
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAN 2 ( 130 / 01)	lieut E, starken	Charles	a Mace of Barre
S 150-BEV 1/1/65			

LINDEN MEMONIAL NORTH SEEM N. AMITY STREET

PENNER NEGRO MAKRIED 2/12/1889 98

AIRI391V

16 N KNO W N

212-10-1024

HENRY STOKES

CONSESTINE HEART FAMILIAGE

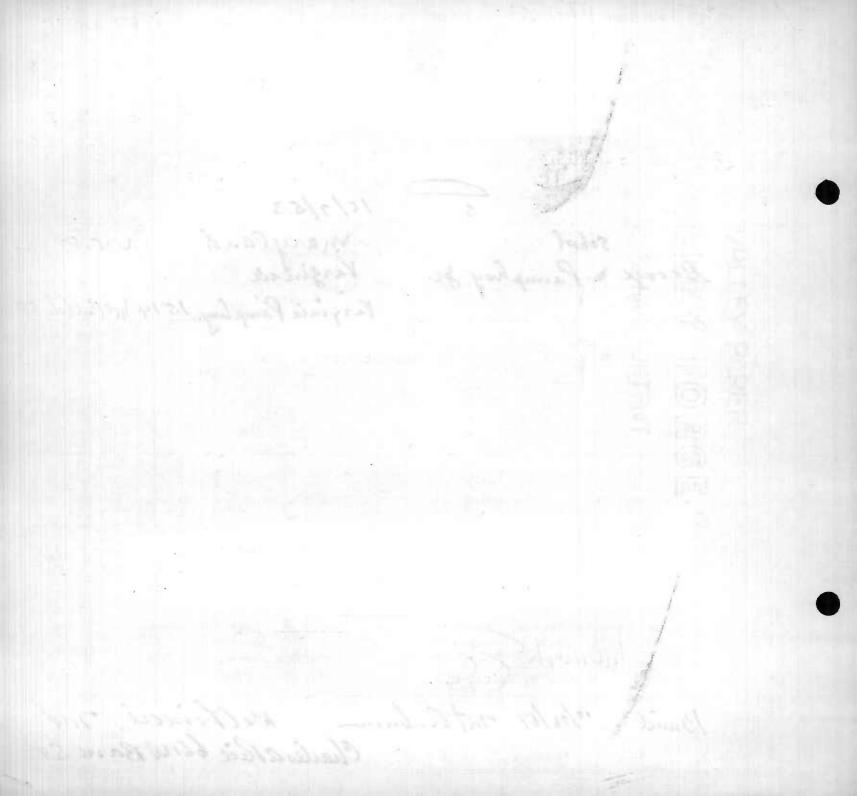
64 10-25 67

67 10246 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10246

BIKIH NO,	MLD	ICAL LAAM	WIIATK 2 C	LKIIIICA	IL OF DEATH Regis	rered No.	
M.E. CASE NO.							
1. NAME OF DECEASED					2. DATE AND HOUR PRONOUN		
JOYCE			HREY		October 24, 19	67	1:30 P. M.
3. PLACE IN BALTIMORE				4. USUAL RESID A. STATE Maryla	ENCE (Where deceased lived. If in B. CC	stitution: resid	dence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION				WN (If outside corporate limits, wa	ite RURAL or	nd give township)	
3 9 Provident	Hospital			Baltin	RESS (If rurol, give location)		// 00
Trovident	Hospital				McCulloh Street		
5. SEX 6. RAC	Ē	7. MARRIED, NEVE	R MARRIED	B. DATE OF BIRT		s If Under	1 Yr. If Under 24 Hrs.
	Negro	WIDOWED, DIVOR	CED (specify)	10/2/	153 lost birthdoy		Doys Hours Min.
IOA. USUAL OCCUPATIO	N (Give kind of wor	108. KIND OF BUSI	NESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign country)	12. CITIZE	
lone during most of working	School			Ma	ruland	WHA	COUNTRY?
3. FATHER'S NAME	0			14. MOTHER'S M	AIDEN NAME		7/1
George	h. P	A Bross	Er.	Vira	in a de		
S. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 16. SC	DOTAL	17. INFORMAN		ADDRESS	
Yes, no or unknown) (If yes	, give wor or dote	es of service) SE	CURITY NO.	16.00	, 0 1	-14 %	100 Mil 5
110				largen	ca Primp ling	17 11	( CRETOUL
10,	XI		CAUS	E OF DEATH	, 1		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CO	VE CAUSE (A) S	TATING THE	(C)				
OTHER SIGNIFICA TO THE DEATI DISEASE OR CON 19A. DATE OF OPER	H BUT NOT RE	LATED TO THE					
19A. DATE OF OPER		IDITION FOR WHICH	OPERATION	20A, AUTOPSY	? (Yes or No) 208, IF YES, WERE IN CERTIFYING CA		
ZIA, EXTERNAL CAU UNDERLYING OF COUTING CAUSE OF	ONTRIB-	home, form	of INJURY (e.g., foctory, street, of Frien	office bldg., INJUR'	vHERE DID (If in Boltimore City, occur? 1613 Division St.		L-021
21D TIME (Mon OF INJURY (APPROX.) 10/			JURY OCCURRED	21 F. H			male while
22.				[49]	ying Russian Roul		
	ot I held on I		pection Au		d that on this basis, death in		1
resulted fa	om: Natural ca	usesAceide	Suicio		de X Undetermined man	ner	
ACTUAL	1112.0	10-	_/_		EDICAL EXAMINER		DATE SIGNED
SIGNATURE	unis	n. CM	M. C		EDICAL EXAMINER		
EXAMINER'S NAME (Type)	Werner	U. Spitz,	M.D.	ASSOCIATE N	EDICAL EXAMINER		10/24/67
23A, BURIAL CREMATION REMOVAL (Specify)	N, 238 DATE	167 mi	aulu	or CREMATORY	Baltin	ty, town, or o	county) (Stote)
244. DATE REC'D BY HE	27 1967	24B, NAME OF RE	GISTRAR FORDER	Char	les a Rice 661		arre ST
VS 151-REV, 1/1/65	1.6	1 111			1 1/2 1/2		

0-2/17



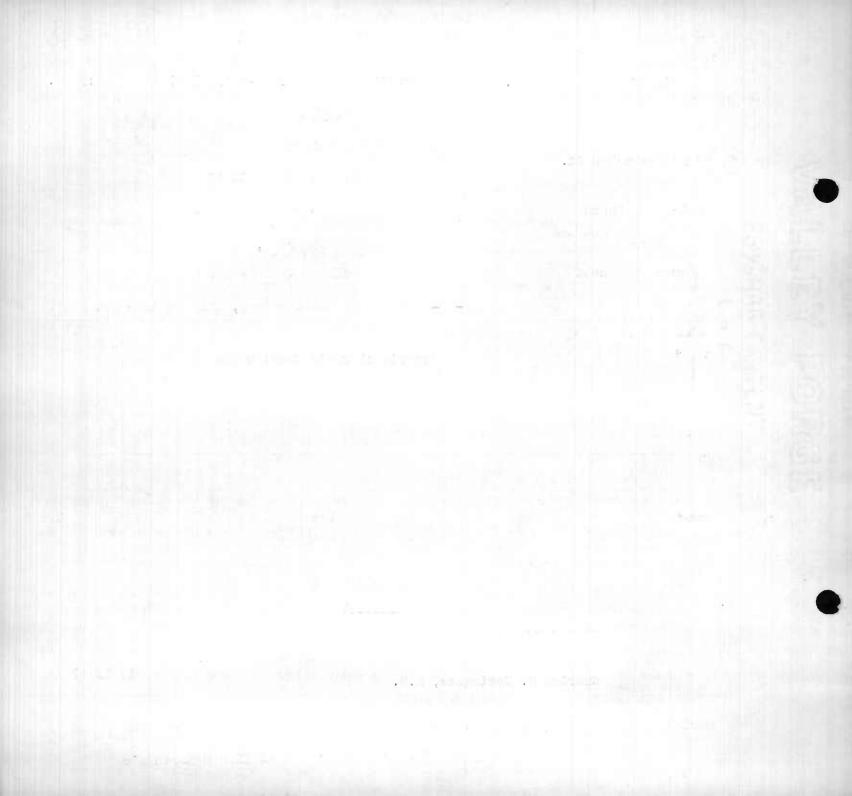
BERTH NO.  M.E. CASE NO.  1. NAME OF DECEASED	CERTIFICA	TE OF DEATH	Registered No	67 10247,
(Type or Print) GLACEN, 77	ATTHEUT	101	25/67 ere deteased lived. If ins	9 A N stitution: residence before odmission
FULL NAME OF (If not in hospital or institution, oddiess at location)		Rd	utside city limits, write/R	Unit and give within
8 Md. GENERAL HOOP!		D. STREET ADDRESS VIII	ryol, give location)	PARKWAY
	D, NEVER MARRIED ED, DIVORCED (specify)  OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH  11. BIRTHPLACE (State or fore	9. AGE (In years lost birthdow)	If Under 1 Yi. If Under 24 Hrs Months Ooys Hours Min.
done during most of working life, even if retired)		BAZP /Z	d	WHAT COUNTRY?
13. FATHER'S NAME CHARLET CV. KAC  15. Was Occased Ever in U. S. Armed Forces?	G C E	KATE	DISTECL	
(Yes, no or unknown) (If yes, give wor or dotes of service)	2/3-10-89 CAUSE OF	24 (sist	Ho Man/ -	604 W. 38 H ST
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heart failure, osthenia, etc. It means the disease injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	(B)	yruphoblast isa	ic lyugh rema	2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		or about 21 C. WHERE OID ice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
OF INJURY	E INJURY OCCURRED  hile At Not While ork At Work	21 F. HOW DID IN	JURY OCCUR?	,
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive on, and hour and from the causes stated above.	10/25	19.6 7 ond th	19 <u>6</u> / to not in (my) (our) opin	19 6 7
23A. SIGNATURE). N. Marie  23C. PHYSICIAN'S NAME (Type) Q. N. Marie	Phys	nding Med. Director 33D. ADDRESS	Stoff Phys.	23B. DATE SIGNED /0/25/67
BURIAL 10-27-67 CL SA. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	MATORY 24D. L METERY / 25C. FUNERAL DIRECTOR	BALTIMO	y, town, or county) (Stole) Re, Md ADDRESS
OCT 2.7 1967 P.O. 6	E. Farbeyma	Ellsworth F	temacost	



5-300

## 67 109/18

BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFIC	ATE OF D	EATH Register	red No.	LUCAU
M.E. CASE NO.								
1. NAME OF DEC	FORREST B. SCOTT 2. Date and hour pronoun October 25, 196					ED DEAD	6:50 A.	
	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					deceosed lived. If insti B. COU		ce befare admiss
FULL NAME OF HOSPITAL OR INSTITUTION	HOSPITAL OR ADDRESS OR LOCATION)					corporate limits, write	RURAL and	give tawnship)
0 560 McMechen St.				D. STREET ADDRESS (If rural, give locosan) 560 McMechen Street				
5. SEX	6. RACE	WIDOWED, I	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 7/9/16  9. AGE (In yeors lost birthday) 52			If Under 1 Months Da	Yr, If Under 24 ys Hours M
done during most of	Negro  UPATION (Give kind of working life, even if retired)	KIOR KIND OF	TO SUSINESS OR INDUSTR	Y 11. BIRTHPLA	CE (Stole or foreign	country)		COUNTRY?
13. FATHER'S NAM	orer				timore ,	Md	US	S A
	C Scott			Dell		wkins		
15. WAS DECEASE	ED EVER IN U.S. ARMEI		16. SO CIAL	17. INFORMA		CWILLIE	ADDRESS	
(Yes, na or unknawn	(If yes, give war or dot	es of service)	security No. 220-03-9249	Mrs H	azel S For	d, 1712 Mad	lison Av	<i>т</i> е
DISEASES RISE TO TH UNDERLYII  OTHER SIG	ANTECEDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.  II SHIFICANT CONDITIONS DEATH BUT NOT RE IR CONDITION CAUSIN	S ANY, GIVING TATING THE CONTRIBUTING						
19A, DATE OF	F OPERATION 198, COI	IDITION FOR	WHICH OPERATION			OB, IF YES, WERE FIRE		
O UNDERLYING	CAUSE WAS OR CONTRIB- USE OF DEATH.	home etc.)	PLACE OF INJURY (e.g., , form, factory, street,	office bldg., IN	JURY OCCUR?		ve exoct lacati	
OF INJURY (APPROX.)	(Manth) (Day) (Yea	V	VHILE AT AT VORK	WHILE   21	F. HOW DID INJU	RY OCCUR?		
	tify that I held an		InspectionAu	ntopsy X		s basis, death In m		
ACTUA SIGNAT		J. A	Suicident Suicident M.E	CHIE	F MEDICAL EX	AMINER X	E	DATE SIGNE
EXAMIN NAME (	Type) Charles		ingate, M.D.		E MEDICAL EX			25/67
23A. BURIAL CRE REMOVAL (Specif		23	C. NAME OF CEMETERY	or CREMATOR	Y 23 D. LC	CATION (City,	, town, ar caun	nty) (State)
Burial 24A. DATE REC'D	10/30 BY HEALTH DEPT.		Mt Calvary OF REGISTRAR	Cemetr 24C. FU	NERAL DIRECTOR	A County	Md	PRESS
	OCT 27 1967	Rout	E. Farburns	A	Halstead	1206 W Nort	h A <sup>V</sup> e	
VS 151-REV. 1/1/	65			1 1	13			

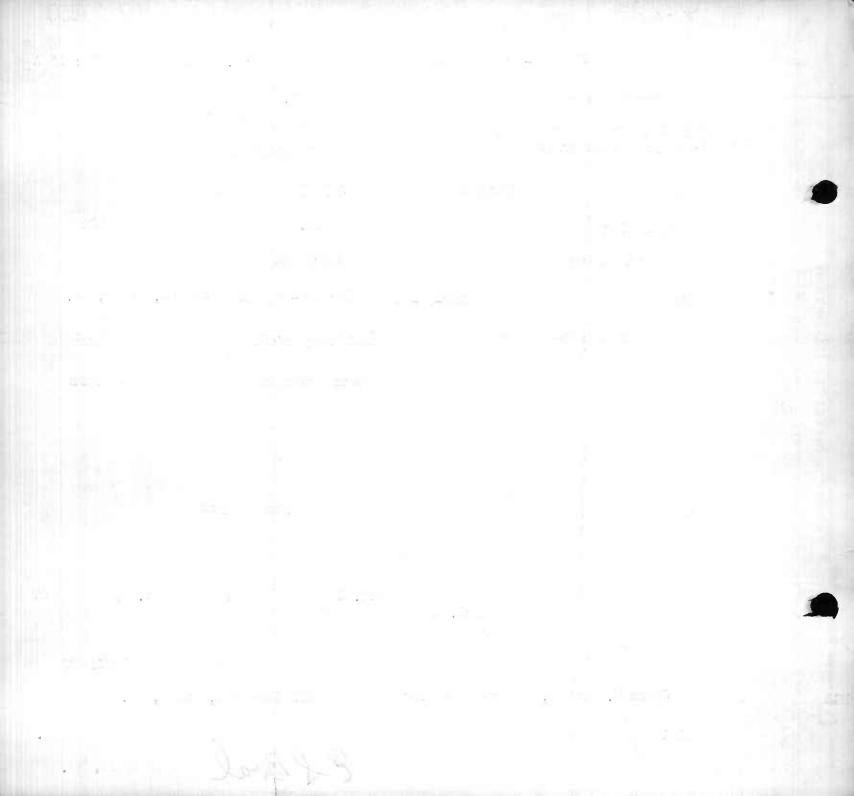


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BURNEL MERSEY BOLL HIL ENTERLY MALERTONN - BESTELLIN

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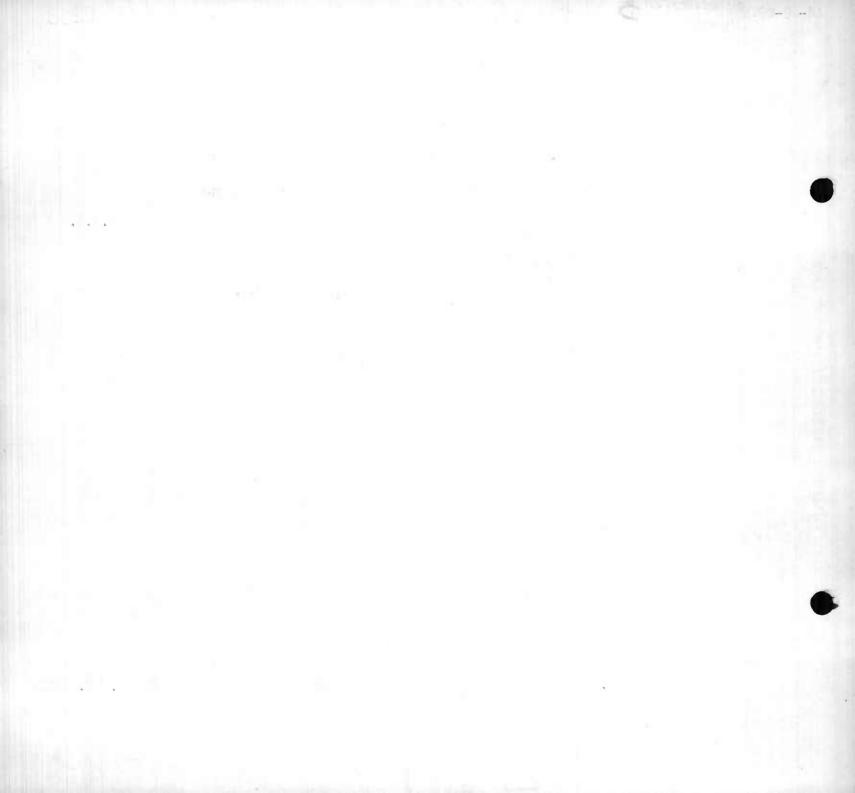
	10251 CERTIFICA	0. 0	Registered No.	
E. CASE NO.  NAME OF DECEASED  JOSEPH AI  OPE OF Print)	RCHIE RUSSELL		HOUR OF DEATH	2: 10 P
FULL NAME OF HOSPITAL OR Oddress or locotion INSTITUTION  US Public Health Serv:	r institution, give street	A. USUAL RESIDENCE (Where A. STATE B. COUNT Md.  C. CITY OR TOWN (If outsi Leonard town	deceosed lived. If if de city limits, write rol, give location)	RURAL and give township)
M 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	8. DATE OF BIRTH 9.	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 F Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work) ne during most of working life, even if retired) Farmer	IOB, KIND OF BUSTNESS OR INDUSTRY	11. BIRTHPLACE (State or foreign  Md.	country)	12, CITIZEN OF WHAT COUNTRY?
Spaulding Russell		14. MOTHERS MAIDEN NAM Bertie Redmo		
Wos Deceased Ever in U. S. Armed Forces, no arunknown)(If yes, give war or dates	of service) 16. SOCIAL SECURITY NO. 220-50-5173	17. INFORMANT Records- US Pl	HS Hospita	l, Balto, Md.
DISEASE OR CONDITION DIRE  LEADING TO DEATH  (This does not meen the mode of	(A) Bi	F DEATH lateral pneumoni	<b>a</b>	interval between onset and death one week
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a	nv. giving			
rise to the obave cause (A) UNDERLYING CONDITION lost.	ONTRIBUTING			
rise to the obave cause (A) UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ONTRIBUTING FED TO THE		208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
TISE TO THE OBOVE COUSE (A) UNDERLYING CONDITION TOST.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. COND WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ONTRIBUTING FED TO THE	20A. AUTOPSY? (Yes or No)  no nor obout 21C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact lacotion)
OTHER SIGNIFICANT CONDITION COLOR  OTHER SIGNIFICANT CONDITIONS COLOR  TO THE DEATH BUT NOT RELATED ISSASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	ONTRIBUTING FOR TO THE ONTRIBUTING STATE ONTRIBU	20A. AUTOPSY? (Yes or No)  no nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
rise to the obave cause (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. COND WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) last sow the deceased and hour and from the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME Type)	ONTRIBUTING FED TO THE  ONTON FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At   Not While At Work  ottended the deceased fram  It olive on Oct. 24.  and obove. (1) (We) (did) (dydyfor)/v  SAL Surg. M.D. Atter Phy.	20A. AUTOPSY? (Yes or No)  no nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU  May 22  19  19 67 and though the body after death.  Inding Med. S. Director P	(If in Boltimo  RY OCCUR?  67 to OC  in(my) (our) op  toff. X	t. 24 19 6  inion death accurred on the a
rise to the obave cause (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. COND WAS PERFO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) last sow the deceased and hour and from the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ONTRIBUTING FOR THE  ONTON FOR WHICH OPERATION DRMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED While At At Work  ottended the deceased fram I olive on Oct. 24  and obove. (1) (We) (did) (did) for form.  Attempts  At Surg M.D. Atterphysics	20A. AUTOPSY? (Yes or No)  no robout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJU  May 22  19 67 and thou liew the body after death.  Inding Med. Sp. Standards P. Standards  Standards Med. Sp. Sp. Standards  Standards Med. Sp. Standards  Standards Med. Sp. Standards  Standards Med. Sp. Standards  Standards Med. Sp. Stan	(If in Boltimo  RY OCCUR?  67 to OC  in (My) (our) op  loff. X  al, Balto,	t. 24 19 6 inion death accurred on the o

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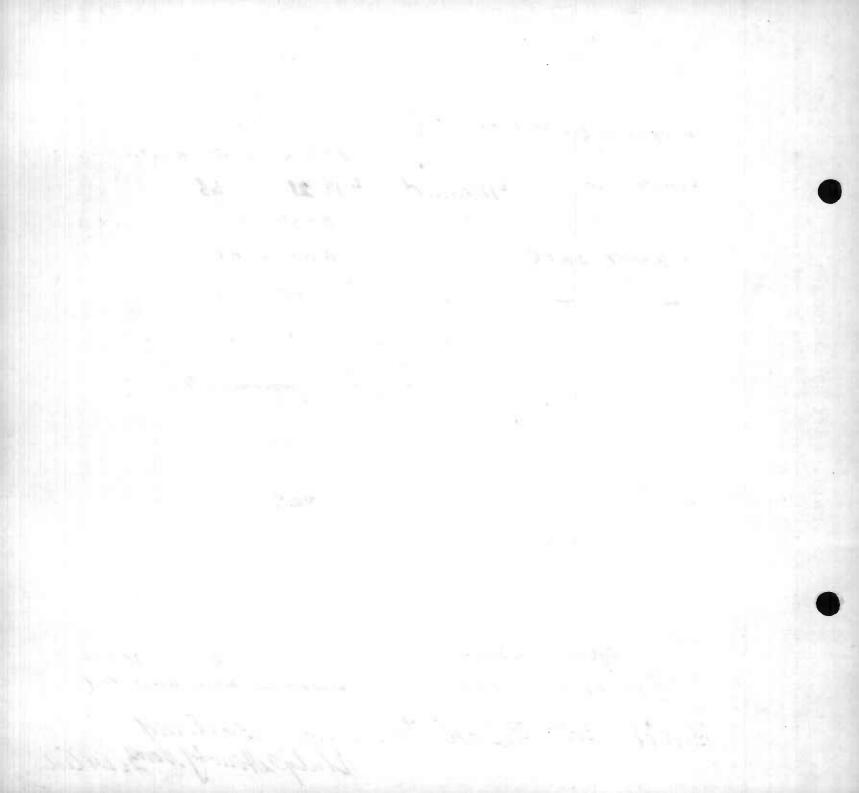
B-550 CM 19959 BALTIMORE CIT	Y HEALTH DEPARTMENT 67 10252
BIRTH NO.  M.E. CASE NO.  67 10252 CERTIFICA	ATE OF DEATH Registered No.
1. NAME OF DECEASED (Type of Print) VIO/a BOW MAN	2. DATE AND HOUR OF DEATH 25
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission A. STATE  B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	MARYLAND ST. MARY'S C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1 TI II TION	LEXINGTON PARK RT 235
3 Johns Hopkins Hospital	D. STREET ADDRESS (If rural, give location)
5. SEX 4 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., 1f Under 24 Hrs   10 - 06   lost birthday   1/2   Months   Days   Hours   Min.
TEMALE NEGRO MARRIED (specify)	0-19-20 41
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY fane during most of working life, even if retired)  HOUSE WIFE	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM THOMAS BISCOE 5, Was Deceased Ever in U. S. Armed Forces?   16, SOCIAL	MARGARET BUTLER
15. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war ar dates of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS  CARROLL E. BOWMAN LEXINGTON PARK, MD.
18. CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., DUE TO	aller auss 1 gr
heart failuse, asthenio, etc. It meons the disease, injury or complication which caused deoth.)	of the
ANTECEDENT CAUSES  (B)	Marie Carenami
DISEASES OR CONDITIONS, if ony, giving ise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	on the blodden
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Inutation
198. CONDITION FOR WHICH OPERATION WAS PERFORMED A	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (II in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, foctory, street, of DEATH (notify medical examiner)	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While A1 Not Whork At Work	
22. I certify that (I) (this hospital) attended the deceased from	8/7 1967 to 10/23 1967
that (I) (we) lost sow the deceased alive on 10/22	19. C. 7. and that in(my) (our) opinion death occurred on the do
ond hour and from the couses stated above. (1) (We) (did) (did not)	23B, DATE SIGNED ,
CIC- BODO A. M.D. AI	ttending Med. Stoff Phys. P 10/23/67
23C. PHYSICIAN'S NAME (Type) C Robertson Tr M.D.	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL OCT. 28. 1967 HOLY FACE CEN	
OCT 27 1967 ( See & Edistria	
301811001 010000	W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

1 Y = 3 med to be a regarder Johns Koplins Hospital The same rel leen when Le the blake malmulation Shaller Ca 11/22/66 817 67 10103 61 10/23/67 We Robertson In JUH Ball Md Ministerial patron and many and a second of the first of MELLEN MESTORNE 2. TOURIST PARTY



R-	550
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such of written approval must be obtained before the remains are embalmed or final disposition is made.
	if death occur ect or contrib (4) Undetermin was in regul the deceased
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
DIRECTOR:	al examiner. 3; (3) A fracturian who pron s in regular of the state of
FUNERAL	he chief medic 1 by a medicc (2) Body burns re the physic physician wa
•	approved by to the hospita f any nature; (except when); and (6) No except except when the following the period because of the period
	vas released to a cident o at a hospita prior to death
	the body v shows: (1) was D.O.A. deceased p

(Tyr	Pe or Print)	vy man	- Mae		ID HOUR OF DEATH	
		/	- 1742		10-26-	
3. 1	PLACE OF DEATH IN BALTIMORE, A	AARYLAND		A. STATE B. COUN	ITY	institution; residence before odn
		ol or institution,	give street	Baltimore		
	HOSPITAL OR oddress or loco		140	C. CITY OR TOWN (If ou		AUTAL and give town hip)
	Mary Cand gen	eval be	SPITAL	Baltimo		1-0 2
	110				rurol, give location)	at 1 - 10 011
	78					etimore Md.
5, \$	Fenalo cu	7. MARRIED, WIDOWED	DIVORCED (specify)		9. AGE (In years lost birthdoy)	Months Doys Hours
	USUAL OCCUPATION (Give kind of w		BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
don	ne during most of working life, even if retired	n	one	Baltimo	re	USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
-	Henry OK	o-l		Annak		
1.5			19 6			
	Was Deceased Ever in U. S. Armed s,no or unknown) (If yes, give war or d		SECURITY NO.	17. INFORMANT	· ecolm.	ADDRESS
	18. / 6 9		CAUSE	OF-DEATH ( a	10.0	INTERVAL BETWEE
	DISEASE OR CONDITION I	DIRECTLY	CA	PECINOMAT	02/1	ONSET AND DEA
	LEADING TO DEAT		Barrist	A distriction con	the lave	- 9
	(This does not mean the mode	of dying, e.g.,	QUE TO	(Caldast =	TERANO.	A A
	heart failure, asthenia, etc. It mea		PIAC			
	injury or complication which caus		Parate His	The Contract of the Contract o	norma to de	200
	ANTECEDENT CAUS					
	ANTECEDENT CAOS	E 3	DUE TO	OF (R) EYE.	RESECTE	7-1-4
	DISEASES OR CONDITIONS, i	f any, giving	DUE TO	of @ eye,	Resecre	
	DISEASES OR CONDITIONS, i	f any, giving	(C)	OF @ ETE,	Resecre	
	DISEASES OR CONDITIONS, it is to the above cause (A UNDERLYING CONDITION last.	f any, giving		of Cope,	Resectes	
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BALTIMORE CITY HEALTH DEPARTMENT

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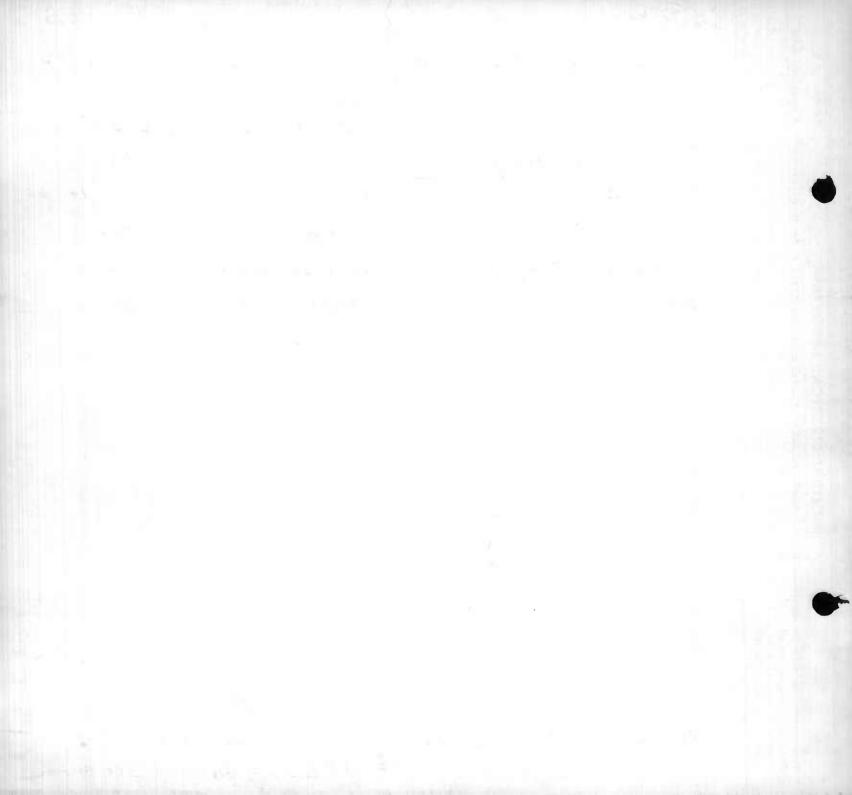
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IMPORTANT

FUNERAL DIRECTOR:

G-250		TY HEALTH DEPARTMENT		67 10257
BIRTH NO. 67 1U	257 CERTIFIC	ATE OF DEATH	Registered No.	01 70001
M.E. CASE NO.  1. NAME OF DECEASED PHILITY	2	2. DATE AN	D HOUR OF DEATH	
Type or Printil HAPPU	ESSIN)	101	124/67	510 AM
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Who	re deceased lived, if i	nstitution: residence before admission)
		Mapularia		
FULL NAME OF (If not in hospital or instinution)  HOSPITAL OR oddress or location)	lution, give street	C. CITY OR TOWN III ou	tside city limits, write	RURAL and give township)
INSTITUTION		BAUTIMORE		12.02
T.12 . M	. 1/		iuio, give location)	RYLANDER APTS.
UNION MEMORIAN	L HOSP	3501 ST1	YOUR STREET	T. APT. 402 #21218
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
MAIE WHITE A	DOWED, DIVORCED (specify)	F13/23/21902	lost birthday)	Months Days Hours Min.
DA, USUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUST		ign country)	12. CITIZEN OF
one during most of working life, even if retired)	Fine	1/50 / 000		WHAT COUNTRY?
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(APPROX)	Work At W			
22. I certify that (1) (this haspital) atter		10/16	19 67 to	0/24 1967
that (1) (we) lost saw the deceased aliv	e an 10/2	4 19 67 and th	of in (my) (out) on	inian death occurred on the dat
and hour and from the causes stated abo		- view the hady ofter death		
23A. SIGNATURE	Color (i) (and) (and more	, view the oddy offer deoffi.		23B, DATE SIGNED
(1) [ ((), [, [, ], ], ]		Attending Med.	Stoff	10/1/1/1
William . William	1	Phys. Director	Phy s.	10/24/61
230. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS		/ / /
WILLIAM H, OEHLERT	JR 4.D. M.	THE UNION ME	MORIAL HO	SPITAL
AA. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. L		ity, town, or county) (State)
BURIAL 10-27-67				
	BETH FI	Δ11	ENTOWN PER	INSVIVANTA
VOLUME NEW DISTINCTION (208, N	BETH EL	ALI	LENTOWN, PEN	INSYLVANIA
02T 30 1957 A.D. 4-9	BETH EL	25C. FUNERAL DIRECTOR		ADDRESS
097 30 1957 Reut 2		25C. FUNERAL DIRECTOR		ADDRESS

HARRY F Garage 11118961110 BINITARIORE Union MEMORIAL HOSE 3501 ST. PHUL M W Diverce 3/23/2 65 REW YORK ENGINEER, HEVER PIR FERREE 5.17 MORRIS GESSIN DINA KETEMANN Empeluen Gerns Balt 15 Ma acute Myocandus Interction Apreniosizeneria Chamovasialan disense

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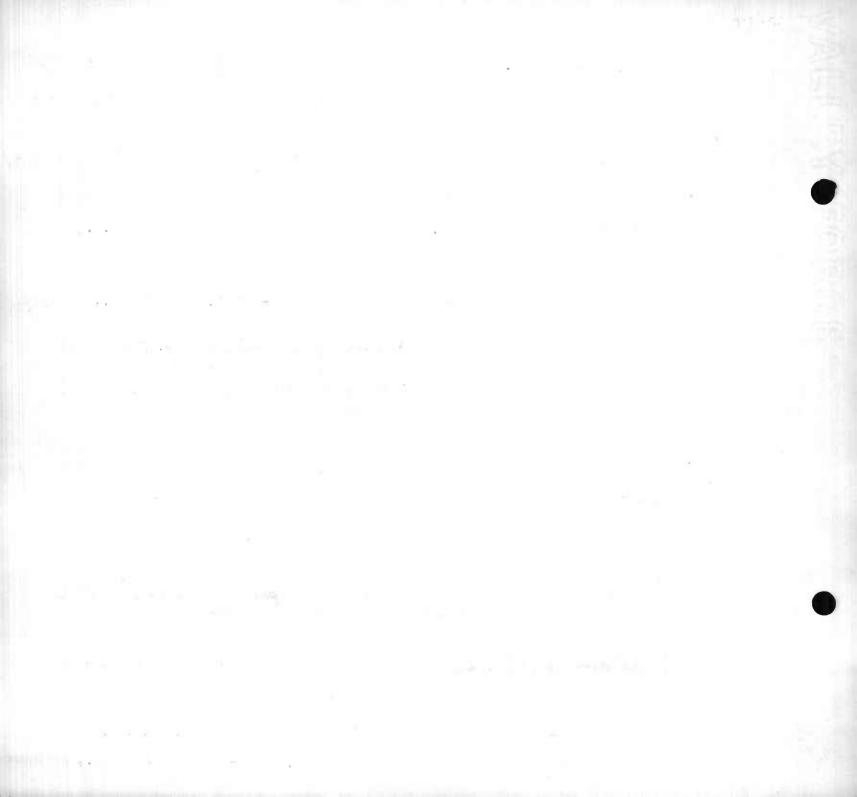
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FUNERAL DIRECTOR: IMPORTANT

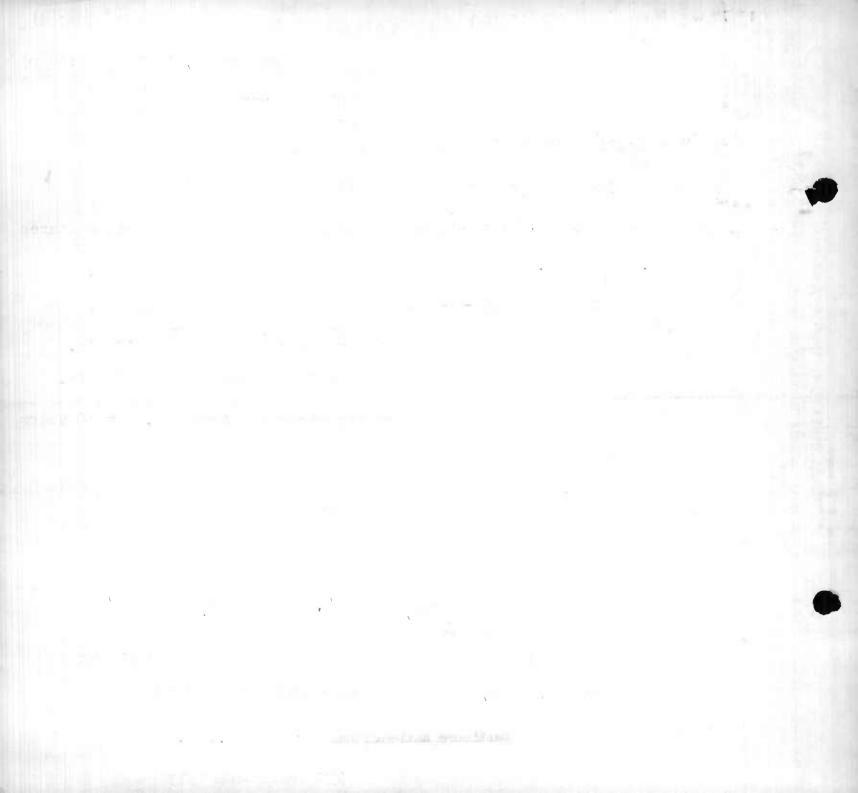
	67 102	BALTIMORE CITY	HEALTH DEPARTMENT		67 10258
BIRTH	I NO.	CERTIFICA	TE OF DEATH	Registered Na	01 10200
	CASE NO.  AME OF DECEASED	1	2. DATE AN	D HOUR OF DEATH	
	e or Print)	71-Nd-1	10		1111171
3. PI	LACE OF DEATH IN BALTIMORE, MARYLAND	VEN GE	4. USUAL RESIDENCE (Where	deceased lived. If instill	ution: residence before admission)
			A. STATE B. COUN	1 / / /	0 11 3
FI	ULL NAME OF (If not in hospital or institution OSPITAL OR address or location)	n, give street	Mary	1a Na 4.4	· (a) 32-00_
	OSPITAL OR oddress or locotion) ISTITUTION		C. CITY OR TOWN (IF GLIS	de city limits, write RUI	The same of the sa
11	.3		Dalt1Mi	IPE "	2/2 23
10	1/ 1/ 17:	111	D. STREET ADDRESS	urol, give location)	121 (1)
0	outh Baltimore GE	IVERAL 110 SP	248 E ag	REValE	ISO WEST
5. SE		ED, NEVER MARRIED VED, DIVORCED (specify)		AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.
1	IVI	married	7/3//1905	62.	
	USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even if retired)	iteel Co.	Maryland		U.S.
3. F	Shipfitter S	reel oo.	14. MOTHER'S MAIDEN NAM	A F	0,0,
			14. Montes Maidell Man		
	GEOPGE		V10/a	Soul	n E
5. W Yes,	os Deceased Ever U.S. Armed Forces? no orunknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	218-09-9150	Naomi Wendel - 2	18 W. Edgeva	le Rd., Baltimore
1	18.	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	Oca	ete. munes	Sind inter	Fine 30 has
	(This does not mean the mode of dying, e.			20000 -	
	heart failure, asthenia, etc. It means the diseas injury or complication which caused death.)	se,			2
	ANTECEDENT CAUSES	(B) and	inschafte (	adorresa	Jac S
	DISEASES OR CONDITIONS, if any, givin	DUE TO	isiene.		
	rise to the obave cause (A) stoting II				
	UNDERLYING CONDITION Iosi.				
_ [	II.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO	ING	In mas		
A	DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	10 CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
ER (			20		
1.4	21A. ACCIDENT WAS UNDERLYING 2008 CONTRIBUTING 2008 CAUSE OF	PLACE OF INJURY (e.g., in nome, form, foctory, street, of	fice bldg, INJURY OCCUR?	(If in Baltimore C	ity, give exoct locotion)
LD I		etc.)			
	21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY	TE. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
2		White At Not Whil	e 🗀		
		Work At Work	334.		1744
- 1	22. I certify that (#7(this hospital) attended		4.0	7 to 10 -2'	1-67 /2
1	that 🕪 (we) last saw the deceased alive ar	10-14	19 <u>6′)</u> ond the	t In (my) (our) apinio	on death occurred on the date
	and haur and from the causes stated above.	(1) (We) (did) (did not) y	iew the bady after death.		
2	3A. SIGNATURE			2:	B. DATE SIGNED
	W. Eliam ma	role M.D. Atte		Staff Phys.	10-24-67
2	23C. PHYSICIAN'S		23D. ADDRESS	rily s.	
	PAYSICIAN'S NAME (Type)	AA i	1.	1101	
	William U.	Marth M.D.	12/3 1/8/	it st.	
24A.	BURIAL CREMATION, 248. DATE 24C.	NAME of CEMETERY of CRE			town, or county) (Stote)
	Burial 10-27-1967 0	len Haven Memor	rial Park Rite	chie Hgwy.,	A.Co., Maryland
25A.		E OF REGISTRAR	25C. FUNERAL DIRECTOR	1 D.	ADDRESS
	OCT 3 0 1957 (1.0. A	E. Farley MA	George J. Gon	ce-4001 mitch	ie Hgwy., Baltimor
	The court				



VS 150-REV, 1/1/65

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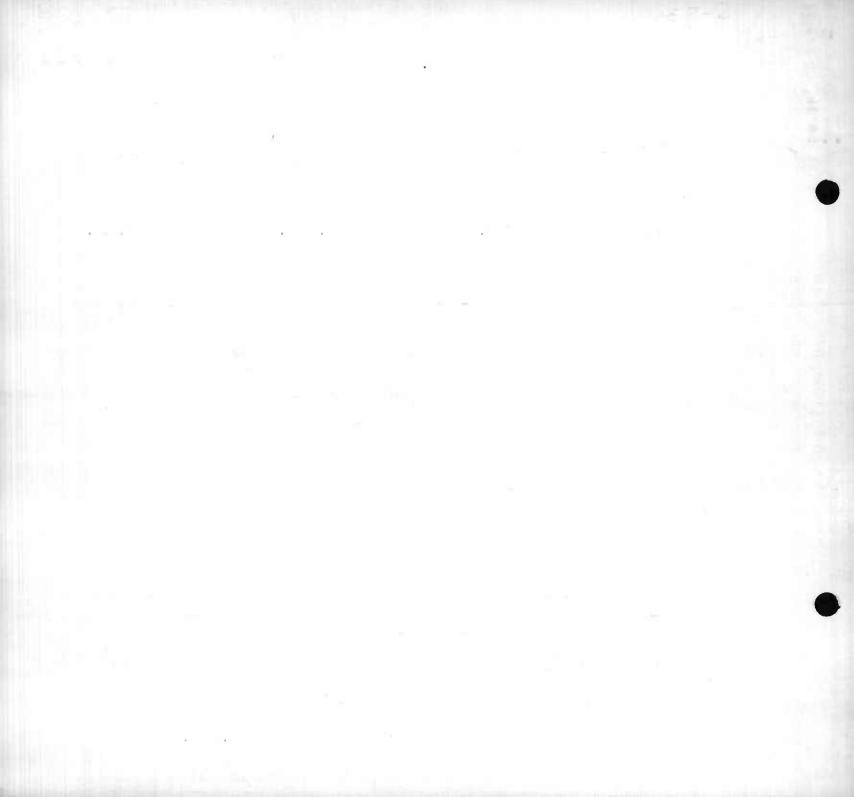


IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO.	67		TY HEALTH DEPARTMENT  ATE OF DEATH  Registered N	67 10262
M.E. CASE NO.  1. NAME OF DI  (Type or Print)	ECEASED		2. DATE AND HOUR OF DEA	лн
3. PLACE OF D	DEATH IN BALTIMORE, MAI		4. USUAL RESIDENCE (Where deceased lived.	
FULL NAME HOSPITAL O INSTITUTION	R oddress or location 3700 RAVE	ENWOOD AVE END 21213	A. STATE B. COUNTY  C. CITY OR TOWN (If outside city limits, we BALTIMORE  D. STREET ADDRESS (If Iviol, give location)  3700 RAVENWOOD	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 F Months Doys Hours Min
-	W	MARRIED	3-25-95 lost birthday	
	of working life, even if retired)	AT HOME	RY 11. BIRTHPLACE (State or foreign country)  LITHUANIA	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14 MACTHERS MANDEN MANAGE	WINDHAIA.
	TIUS NOVAK		CATHERINE 12	1
5. Was Deceas	ed Ever in U. S. Armed Ford wn) (If yes, give wor or dote:		17. INFORMANT	ADDRESS
NO	with yes, give wor or dole.	214-01-0201-	B RICHARD NOVAK 3700,	PANENWOOD AVE
1B./5	/ X		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIR LEADING TO DEATH	ECTLY (A) Ad	enocareinoura of the	
heart failur	e, osthenio, etc. It meons omplication which coused	dying, e.g., DUE TO the disease, death.)	enocareinouna of the stome hepatic metastates	E 444. D.
,	ANTECEDENT CAUSES	(B) E	reporte weresty	
DISEASES	OR CONDITIONS, if a	DUE TO		
rise to	the obove couse (A) NG CONDITION lost.		tado	
≥ TO THE	II SNIFICANT CONDITIONS CO DEATH BUT NOT RELA OR CONDITION CAUSING 19	ONTRIBUTING FILE CON	and clerotis &	6 years
19A. DATE	OF OPERATION 198. CONI	OITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES. WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DIBUTING CAUSE OF	218, PLACE OF INJURY (e.g. home, form, factory, street, etc.)	, in or obout 21 C. WHERE DID (If in Bolti office bldg., INJURY OCCUR?	more City, give exact lacotion)
21D. TIME OF INJURY	(Manth) (Doy) (Year)	While At Not Work At Wo		
22 Learnin	fy that (1) (this bearing)		1. 122 11060	Octiber 1967
			1967 and that in (my) (aur)	
			· · · · · · · · · · · · · · · · · · ·	opinion death accurred on the
23A, SIGNA		ed obove. (I) (We) (did) (did not)	view the body offer deofh.	23B, DATE SIGNED
Po	and the Ar	M.D. A	Med. Stoff Phys.	10/26/67
23C. PHYSIC NAME	CIAN'S (Type) UL H. ANNI	KO M.I	23D. ADDRESS D. 3800 FROMAN AV	E BATO MO
24A. BURIAL CI REMOVAL	REMATION, 248. DATE	24C. NAME OF CEMETERY OF C	CREMATORY 24D. LOCATION BALTIMO	(City, town, or county) (Stote
SA. DATE REC		25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	HOME ADDRESS
(S'150 PEV 17	DET 3 0 1987	P. O. b E , Farley M.	3331 BREHMS LA D	SAUTO, MD.
/S 150-REV. 1/	1/03		0 . 0 0	

20.27 Michigan 24 Best Hill

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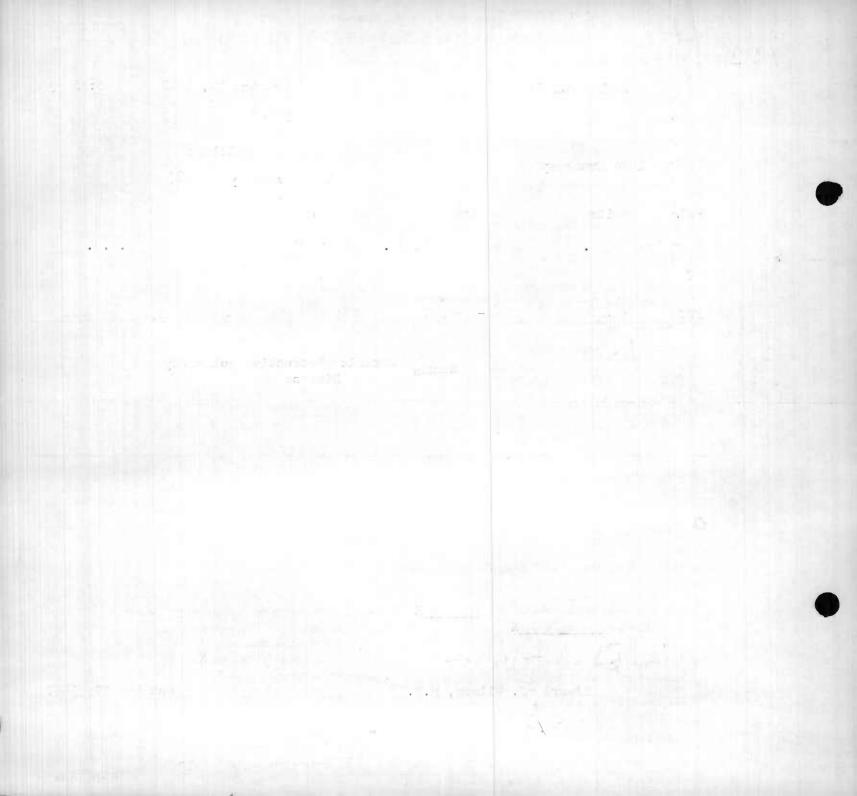
Jahn's Hopkins Waspilod, Bulle Hil

3 do-15

BIRTH NO.

## 67 10264 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10264

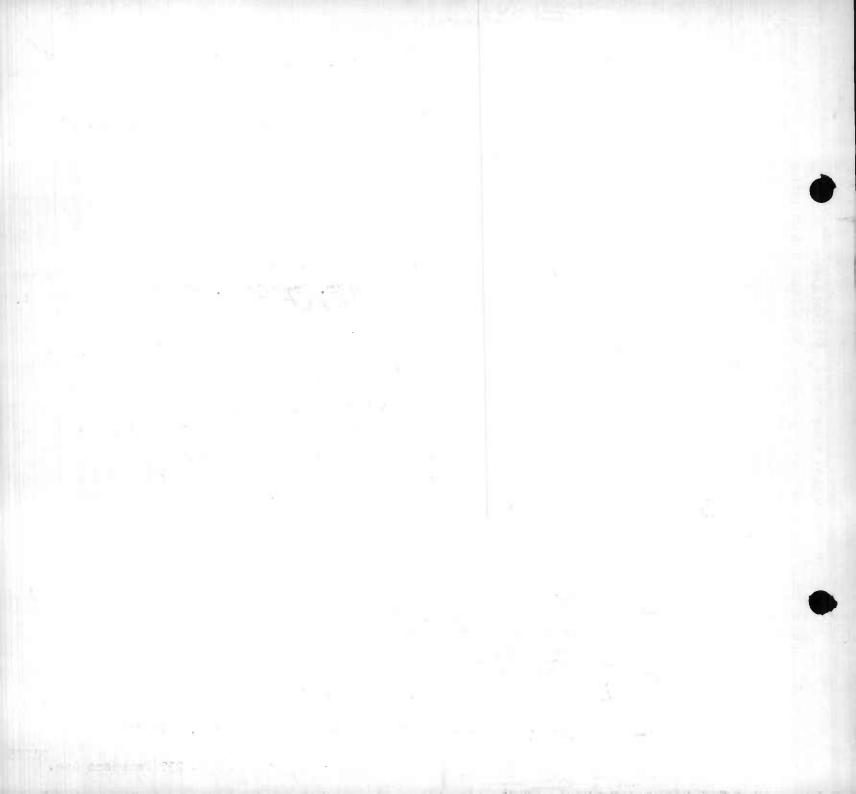
M.I	E CASE NO.						
I. I	NAME OF DE	CEASED			2. DATE AND HOUR PRON	DUNCED DEAD	
		LOUIS ULLE			October 26,		5:35 p M.
3. F	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE	ENCE (Where deceased lived. laryland	If institution: reside B. COUNTY	nce before admission)
HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)		VN (If autside corporate limit	s, write RURAL and	give township)
				D STREET ADDR	Baltimon (If rurol, give locotion)	:e	2001
1	20	1004 Evanswa	У		4 Evansway	#13	
5. 5	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In last birthday	Months D	Yr. If Under 24 Hrs. Days Hours Min.
	Male	White	Married	May 25,		8	
		UPATION (Give kind of wor working life, even it retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN WHAT	OF COUNTRY?
t	lectric	al Dept.	Gas & Electric Co.			U.5	S.A
13.	FATHER'S NAM	ME		14. MOTHER'S M.	AIDEN NAME		
-	?			?			
15.	WAS DECEASE	ED EVER IN U.S. ARMED	o FORCES? 16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
(162		(If yes, give war or date	212-05-7507	En Tr	22 1 1 / 0	. \	
	yes	MANATT			llrich (nee Gra		nterval Between
	50	1121	CAUSE	OF DEATH			ONSET AND DEATH
-	DISEA	SE OR CONDITION DE	RECTLY			F HILL	
	(This days	LEADING TO DEATH	Ch. Ch	ronic obs	tructive pulmor	nary	
	heart failure	not mean the mode of	s me alsease,	Dise	ase	100	
	injury or co	implication which caused	deom.)				
		ANTECEDENT CAUSE	s				
		OR CONDITIONS, IF					
		HE ABOVE CAUSE (A) S					
Z			(C)				******************
은		II					
CERTIFICATION	TO THE	ENIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE	0.00.000.000.000.000.000.000.000.000			₽\$ «««« «« ««»»» «««»» ««»» «««»» ««»» «
CERT		F OPERATION 198, COM	NDITION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY	(Yes of No.) 20B. IF YES, W	ERE FINDINGS CO	
	21 A EXTERNA	AL CAUSE WAS	21B. PLACE OF INJURY (e.g.,		(MERE DID /// in Rollimons /	City, give exact loc	ation)
EDICAL	UNDERLYING	OR CONTRIB-	home, form, foctory, street, o	office bldg., INJURY	OCCUR?	only, give exoct loc	OHON)
Σ	21D TIME	(Month) (Doy) (Yea	Hour 21E. INJURY OCCURRED	21 F. HC	W DID INJURY OCCUR?		
	OF INJURY (APPROX.)		WHILE AT   NOT	WHILE			
			m. WORK AT W	ORK			
	22, I cer	rtify that I held an	Inquiry Inspection X Aut	opsy and	I that on this basis, deat	h in my opinion	
	resu	Ited fram: Natural ca	uses X Accident Suicid	e Hamici	de Undetermined	manner	
	ACTUA SIGNAT		1 Wilson "		EDICAL EXAMINER   EDICAL EXAMINER   X		DATE SIGNED
	EXAMII NAME (	NER'S	y .		EDICAL EXAMINER	October	27, 1967
23A	BURIAL CRI		23C. NAME of CEMETERY of	CREMATORY	23D. LOCATION	(City, town, or co	
	MOVAL (Speci	(y)				,,	
	Burial	10/30	67 Holly Hill Mer	m. Garden	Maryland Maryland		
24/	A. DATE REC'D	BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNER	L DIRECTOR	A	DRESS
		<b>9CT 3</b> 0 1967	Robert E. Farleyna		nek Funeral Horare #	me 13	
VS	151-REV. 1/1.	/65	. De la Santa Caraca		A IA		

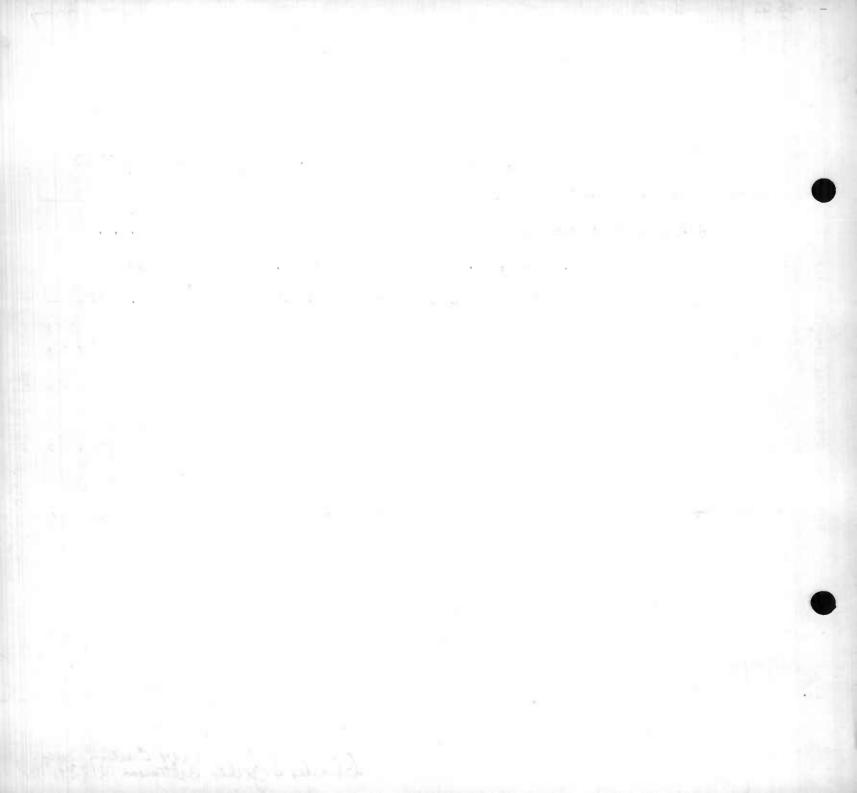


	67	1026	BALTIMORE CIT	Y HEALTH DEPA	ARIMENI		67	10265
BIRTH NO.	07	1020	CERTIFICA	TE OF D	EATH	Registered No.		20200
M.E. CASE NO.	CEASED				2. DATE A	ND HOUR OF DEATH	1	
Type or Print)	MMA E.	HUL:	SE		OCT	OBER 27,	1967	8:45P
	EATH IN BALTIMORE, MAR			4. USUAL RES	IDENCE (Wh	ere deceesed lived. If		
				A. STATE	B. COU	//		
FULL NAME			ive street	C. CITY OR TO	WAL US	9/+ (more		
	= RANKLIN S		= HOSDITAL	C. CHI OR IC	WN III o	outside city limits, write	KUKAL end gi	10 10 WASHING
, ,	- ICHINE THE		7,10-7,1	D. STREET ADI	DRESS II	If rurel, give location)	ee	200
3/				2416	0 1	Managa	of's a	4
SEX	6. RACE	7 AAADDIED	NEVER MARRIED	37/0	5/.	9. AGE (In yeers	If Under 1	- V. K. Hadai 24
F	WHITE	WIDOWED	DIVORCED (appoint)	2 /15	-/01	lost birthdoy)	Months Do	YI. If Under 24 bys Hours Mir
/			DOW	02 //	,	66		
	CUPATION (Give kind of werk) I working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTR			reign country)		COUNTRY?
	CHER			LONG	154A1	VO N. Y.	21.	S. A.
FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	AME		
200	UIS HOLTY	E		MAR	CLE 7	BELMENS	CHNIT	DER
	d Ever in U. S. Anned Ferc		1 6. SOCIAL	1		,		DDRESS
es, ne er unkne w	(Il yes, give wer er detes	ef service)	SECURITY NO.	3.43	2056	N Woehlk	,, "	1//
No			214-40-4022	KE 54	4 Shi	ley Rd. Li	NTHIC	m Hats
1B. /	011		CAUSE	OF DEATH	1	1	INT	ERVAL BETWEEN
DISEA	ASE OR CONDITION DIRE	CTLY				00.00		SET AND DEATH
	LEADING TO DEATH		(A) AC	,4/5 /1	7000	POIAL INFA	-ciien	A MILL
	not mean the made of		DUE TO					
	, asthenia, etc. It means mplication which coused		0.1	DOWAR	V ART	ERY DIVE	Ed 65	EVERUC Y
	ANTECEDENT CAUSES		(B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. / ////-/	-/46	W.£	
DISEASES	OR CONDITIONS, if a	av aivina	DUE TO					
	he abave couse (A)		(C)					
UNDERLYIN	IG CONDITION last.							
	11							
	N)F)CANT CONDITIONS CO DEATH BUT NOT RELAT							
	CONDITION CAUSING IT							
19A. DATE O	OF OPERATION 198. CONE	DITION FOR W	HICH OPERATION	20 A. AUTOP	SY2 (Yes er h	10 20B. IF YES, WERE	FINDINGS CO	N SIDERED
				/ V	U			
, OR CONTRIB	ENT WAS UNDERLYING THE	21 B,	PLACE OF INJURY (e.g., e, lerm, foctory, street, c	in er ebeut 21 C. V olfice bldg., INJUR	VHERE DID	(II in Beltime	re City, give e	xoct lecotion)
	y medical exeminer	etc.)						
21D. TIME	(Menth) (Dey) (Yeer)	(Hour) 21 E.	INJURY OCCURRED	21 F. H	OW DID IN	JURY OCCUR?		
(APPROX.)			e At Not Whi					
		Worl			-		0/2/	
22. I certify	y that (1) (this hospital)	ottended th	e deceased from	10/14/	67	19to	0/27/	6/ 19
that (I) (we	) lost saw the deceased	olive an	10/27/67	198:5	LY popd t	that in (my) (our) op	inion deoth	occurred on the
	nd from the couses state							
23A. SIGNAL			() (did) (did fiot)	THE DOU'S	oriel death	•	23B. DATE 5	IGNED
	mas de		M.D. Ar	tending -	Med.	Stell 2		-27-67
	S. C.		Ph	ys.	Director	Phys.	10	~ / 6 /
23C. PHYSICI	Tunni			23D. ADDRESS		COL	2001	1
	P. MACAR	AE G	JR. M.D.	FR	ANKL	IN Jau	AKE 1-	torpirs
4A. BURIAL CR	EMATION, 248. DATE	24C. NA	ME el CEMETERY er CE	EMATORY	24D.	LOCATION (	City, tewn, er c	eunty) /Stel
BEMOVAL		_ /	1 11.			I R	- / -	MI
DURIAL	10/3/16	1 (4)	en MAYEN	1	9	IEN WUR	enie	11/01.
SA. DATE REC'I	D BY HEALTH DEPT.	258. NAME O	F REGISTRAR	25C FUNER	AL PIRECTO	11 -	01	ADDRESS
	0.0m.0.0.1007	100	0 T. 0 "	1111/11	11ut	H. 2374	ATAD<	1.6 HVE
S 150-REV. 1/1	/65	LOWE T	CATOLINE -	1	7		ing s	201110
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05 1000	BALTIMORE CITY	HEALTH DEPARTMEN	NT .	67 10266
HRTH NO. 67 10266	CERTIFICA	TE OF DEAT	H Registered Na.	2 / 200
N.E. CASE NO.		12 DA	TE AND HOUR OF DEATH	110 2
Type or Print) Heitmann. Y	nrs. Jane	e E. O	ct. 28,1967	1:40/p M
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE	(Where deceased lived. If instit	tution: residence before admission)
FULL NAME OF (II not in hospital or institution, give	ve street	ma -	-	
HOSPITAL OR address or location) (NSTITUTION		C. CITY OR TOWN	((f outside city limits, write RU)	RAL and give township)
North Charles 6	enera /	Balti	more city, 1	nd 2/2/26
49 Hospital	1	D. STREET ADDRESS	(If rural, give location)	00-00
	IEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , (f Under 24 Hrs.
Female White MITTIN	DIVORCED (specify)	1/31/03	64	Aonths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLA CE (Stote of		12. CITIZEN OF WHAT COUNTRY?
		1,6 HV	O (Pittsburgh	U.S.A
FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
iss Harda		MaryE	llen Aunds	herger
Was Deceased Ever in U. S. Armed Farces? s,no ar unknown) ((f yes, give war ar dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21226
No		Chart	erick C. Heitman	n 1522 Hazel St.
18.5 40.0	CAUSE O	F DEATH	C. 1 ·	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Sep	Lic Shook -	- longestine	
(This does not mean the made of dying, e.g.,	(A)	teart tailer	o (4th cathi	14 ATTEST)
heart lailure, asthenia, etc. II means the disease,	10/12	167 - Subtot	al Gastrectomy	
injury or complication which caused death.)  ANTECEDENT CAUSES	10/25	167 - Right A	terior Supphrer	VEADSCESS
DISEASES OR CONDITIONS, if any, giving	DUE TO C	hronic Du	odenal Olcer	**************************************
rise to the above cause (A) stating the	2 .	-	norrhage - Mad	
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	= my o car	dial Infa	rction = 1956	Sina 1 Hospital
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	= Gillemory	here 20 to d	sedeno l Ulcer 196	6 JHH
				IDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FOR WE WAS PERFORMED TO THE PROPERTY OF	THE BUTTE		IN CERTIFING CAUS	es or DEATH!
21A. ACCIDENT WAS UNDERLYING   21B. P OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner) etc.)	form, factory, street, of	fice bldg., INJURY OCC	DID ((f in Boltimare C JR?	City, give exact lacation)
21 D. TIME (Month) (Day) (Year) (Hour) 21 E. I	NJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
While		e 🦳		
Work	At Work	ept. 25	1967 to 6 C	+ 28
22. I certify that (I) (the land of the	. /			r 25 196/
that (I) (a) lost saw the deceased alive an				an death accurred an the date
and haur and from the causes stated above. (1)	(and (did) (disherat) v	iew the bady after de		3B. DATE SIGNED
Jan OH SH	M.D. Atte	ending Med.	Stoff	0. + 20/17
23C. PHYSICIAN'S	10 4 41 1	s. Director	Phys.	04.286/
NAME (Type) / PONAND H. F	lax m n M.D.	7 202 1	1 ch 1- 04	C.t 212 10
A. BURIAL CREMATION, 1248, DATE 24C, NAM	AE OF CEMETERY OF CRE	MATORY 12	4D. LOCATION (City,	town, or county) (Stote)
REMOVAL (Specify)			Baltimore, Mary	
	oudon Park Cr			
SA. DATE REC'S THE SET 1587 PER HAME OF	REGISTRAE	25C. FUNERAL DIRI	- 11	ADDRESS 2122
S 150 PEV 1/1//S		111 auray	areachone 231	Patapsco Ave.





IMPORTANI

DIRECTOR:

FUNERAL

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VS 151-REV. 1/1/65

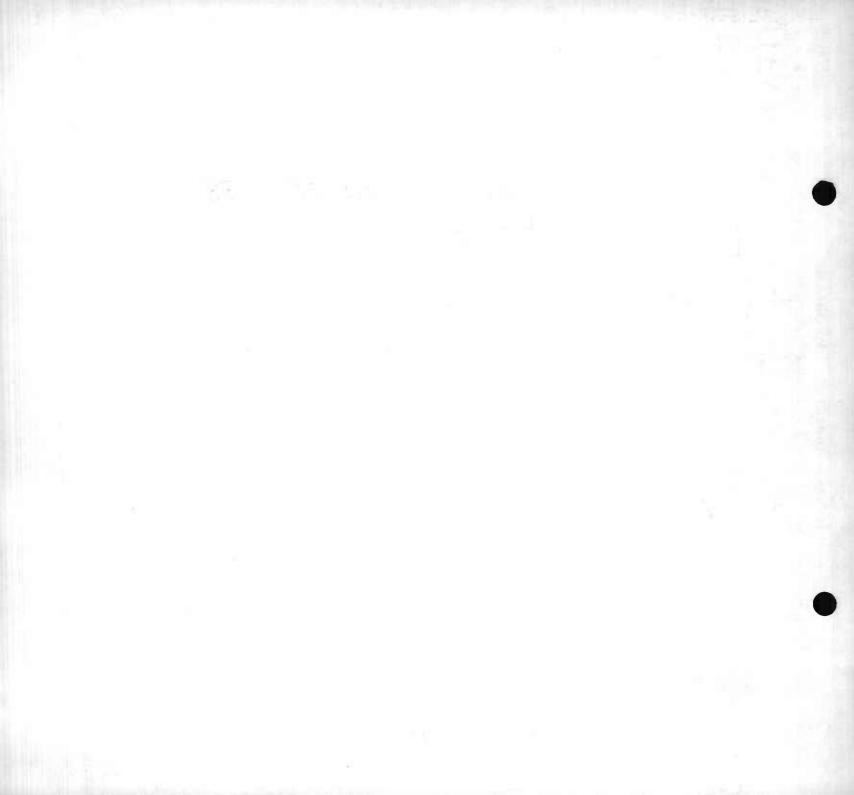
67 10269 BALTIMORE CITY HEALTH DEPARTMENT

	011	UCOU	BALTIMORE CITY HEAL	TH DEPARTMENT		/ 67 109	00
BIRTH NO.	MED	ICAL E	XAMINER'S CI	ERTIFICATE	OF DEATH Reg	stered No.	00
M.E. CASE NO.						`	
1. NAME OF DE	CEASED			2. D	ATE AND HOUR PRONOL	INCED DEAD	
(Type or Print)	WILLIA	M J. Q	UINN		October 27, 1	1967   6:4	5 a <sub>M</sub>
3. PLACE IN BAL	TIMORE, MARYLAND, V			4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before	
				A. STATE Mary 1	В,	COUNTY PORTA	10
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET			write RURAL and give town	ship)
INSTITUTION	ADDRESS OR LOC	A 11014)				62	
					imore	00-00	
Filtra	ation Plant,	Hillen	Road	D. STREET ADDRESS	(If rural, give location)	//	
				7848 Gou	igh Street	<i>‡</i> 21224 ,	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	Months, Doys, Hou	
Mala	7.71b 3 to a		or Married	December 1	7 7004	IVIONINIS   Doys   1100	1
Male	White		OF BUSINESS OR INDUSTRY			12. CITIZEN OF	
done during most of	working life, even if retired)				or lorergii coominy,	WHAT COUNTRY	?
	porer	Balt	imore City	Balti	more, Md.	U.S.A.	
13. FATHER'S NAM				14. MOTHER'S MAIDE	N NAME		
	William J.	Quinn		M	ary McAleer		
	ED EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT		ADDRESS	
No No	n) (If yes, give wor or dot	es of service)	SECURITY NO. 213-18-0342	Francis V	Dayman Con	Comp	
20.7			213-10-0342	Francis A	. Burns, Sr.	Same.	
18.4	2 X .		CAUSE	OF DEATH		INTERVAL ONSET AN	
DISEA	SE OR CONDITION D	IDECTIV				ONSET AN	DULAII
DISEA	LEADING TO DEAT		u	unostonoi	Antonionalana		
(This does	not meen the mode o	f dying, e.g.	XXXXX C		Arteriosclero	LIC	
heart failure	not mean the mode o e, osthenio, etc. It mean emplication which coused	s the disease death.)	, AAAAA C	ardiovascula	r Disease		
	ANTECEDENT CAUSI		(B)				
	OR CONDITIONS, IF		DUE TO				
UNDERLYI	NG CONDITION LAST.						
OTHER SIG TO THE DISEASE O			(C)	• • • • • • • • • • • • • • • • • • • •			
Ĕ	II						
OTHER SIG	ONIFICANT CONDITIONS DEATH BUT NOT RE						
DISEASE C	R CONDITION CAUSIN		1616				
19A, DATE O	F OPERATION 198, CO		WHICH OPERATION	20A. AUTOPSY? (Yes		E FINDINGS CONSIDERED	
O	WAS PE	RFORMED		No	IN CERTIFYING	CAUSES OF DEATH?	
	AL CAUSE WAS	21 B	PLACE OF INJURY (e.g.,		E DID (If in Boltimore Cit	y, give exact location)	
	OR CONTRIB-	hon etc.	ne, form, foctory, street, o	ffice bldg., INJURY OC	CUR?		
UTING CAL	DIE OF DEATH.	0.00					
≥ 21D TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour)	21E. INJURY OCCURRED	21 F. HOW I	DID INJURY OCCUR?		
(APPROX.)			WHILE AT NOT	WHILE			
22.		m.	WORK LAT W	ORK			
	rtify that I held on	Inquiry 🗌	Inspection X Aut	opsy and the	ot on this basis, death	in my opinion	
	Ited from: Natural co	X	Accident Suicid	e Homicide	Undetermined m	onner 🗆	
1030	The Home Linear	A ·	4			onner [_]	
ACTUA	i ich	11.	110		CAL EXAMINER	DATES	IGNED
SIGNAT	- A A A /	とす. w	M.D.	ASSISTANT MEDIC	CAL EXAMINER X		
EXAMI				ASSOCIATE MEDI	CAL EXAMINER		
NAME (	(Type) Edward	F. Wil	lson, M.D.			October 27,	1967
23A. BURIAL CRE	EMATION, 238 DATE		3C. NAME of CEMETERY O	CREMATORY	23D. LOCATION	City, town, or county)	(Stote)
REMOVAL (Special		0.67	Now Cathoda	mal Cam	4300 014 m	edenial Pd	Md.
Burial		0-67.	New Cathede	12/2/		rederick Rd.,	MAX.
24A. DATE REC'L	O BY HEALTH DEPT.	24B, NAM	E OF REGISTRAR	24C. FUNERAL D	RECTOR 622	24 Eastern Ave	3.
	UG 3 0 1967	(12 0 6	& Starbertha	000	1 () 0 ===	07004	212

W ... - ^ Charles of Subscript in the State of St

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	5	-2	7	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital anthe body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deatshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceasewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Surwritten approval must be obtained before the remains are embalmed or final disposition is made.		P + P	9.	 E
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospithe body was released to the hospital by a medical examiner. Also, if the direct or contributing cause oshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dwas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death written approval must be obtained before the remains are embalmed or final disposition is made.		f d	0	ċ
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hother body was released to the hospital by a medical examiner. Also, if the direct or contributing causs shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (4) Was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to develope the remains are embalmed or final disposition is made.		Sp e	nce	8
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a the body was released to the hospital by a medical examiner. Also, if the direct or contributing coshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined causewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendenced prior to death); and (6) No physician was in regular attendance on the deceased prior the written approval must be obtained before the remains are embalmed or final disposition is made.		hous of	qa	0
TUNERAL DIRECTOR: IMPORTANT  This certificate must be approved by the chief medical examiner or his assistant if death occurred if the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cowas D.O.A. at a hospital (except where the physician who pronounced death was in regular at deceased prior to death); and (6) No physician was in regular attendance on the deceased priowritten approval must be obtained before the remains are embalmed or final disposition is made.		n co	ter	
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This certificate must be approved by the chief medical examiner or his assistant if death occile body was released to the hospital by a medical examiner. Also, if the direct or contributes: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermines D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased written approval must be obtained before the remains are embalmed or final disposition is m		ibu	10	Pop
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This certificate must be approved by the chief medical examiner or his assistant the body was released to the hospital by a medical examiner. Also, if the dishows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or final dispersions.	-	# (4)	3	Spo
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This certificate must be approved by the chief medical examiner or his the body was released to the hospital by a medical examiner. Also, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of was D.O.A. at a hospital (except where the physician who pronoundeceased prior to death); and (6) No physician was in regular atterwritten approval must be obtained before the remains are embalmed	ō	s as	ed	or
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This certificate must be approved by the chief medical exthe body was released to the hospital by a medical extshows: (1) An accident of any nature; (2) Body burns; (3) was D.O.A. at a hospital (except where the physician w deceased prior to death); and (6) No physician was in written approval must be obtained before the remains ar	5	ami A fr	ho	9 9
This certificate must be approved by the chief medical the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; was D.O.A. at a hospital (except where the physicia deceased prior to death); and (6) No physician was written approval must be obtained before the remain	RE	exc exc 3)	5	Sar
This certificate must be approved by the chief med the body was released to the hospital by a media shows: (1) An accident of any nature; (2) Body burnwas D.O.A. at a hospital (except where the physideceased prior to death); and (6) No physician wwritten approval must be obtained before the rem	5	ica ical	cia	ain
This certificate must be approved by the chief rathe body was released to the hospital by a mishows: (1) An accident of any nature; (2) Body by was D.O.A. at a hospital (except where the placeased prior to death); and (6) No physicial written approval must be obtained before the r	AL	edi	hysi	E €
This certificate must be approved by the chi the body was released to the hospital by a shows: (1) An accident of any nature; (2) Bowas D.O.A. at a hospital (except where the deceased prior to death); and (6) No physiwritten approval must be obtained before t	ER	P E Y	0	her
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This certificate must be approved by the body was released to the hospitoshows: (1) An accident of any nature; was D.O.A. at a hospital (except whdeceased prior to death); and (6) Nowritten approval must be obtained by	T	the 2	ere	efor
This certificate must be approved the body was released to the hosshows: (1) An accident of any natuwas D.O.A. at a hospital (except deceased prior to death); and (6) written approval must be obtaine		by pite	W.	Ž A
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This certificate must be app the body was released to t shows: (1) An accident of ar was D.O.A. at a hospital (e deceased prior to death); written approval must be o		he	×ce	bra
This certificate must be the body was released t shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must k		app to t	9	96 0
This certificate must the body was releas shows: (1) An accider was D.O.A. at a hosp deceased prior to de written approval mu		ed to	oita	stk
This certificate m the body was reli shows: (1) An acci was D.O.A. at a f deceased prior to		ust	105	a E
This certificate the body was shows: (1) An was D.O.A. at deceased prio written appro		rel	0	val
This certifi the body v shows: (1), was D.O.A deceased p		cat	10.	pro
This cer the bod shows: was D.( decease		# 78	A.	90
This the showas was		bod NS:	۵	ten
		This	was	Writ

	7 10000
BIRTH NO. CERTIFICATE OF DEATH Registred No. 6	1112/1
M.E. CASE NO.	
1. NAME OF DECEASED  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH  (Type or Print) MATTIE LEE STOKES  2. DATE AND HOUR OF DEATH  (0-246-62-	0
Type of Panti MATTIE LEE STORES 10-24-67	5:30 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: lesi A, STATE B, COUNTY	idence before odmissio
RALTONARIE CALLA	Ly
HOSPITAL OR address or location	
INSTITUTION (II DUISING CITY IIIIIIIS, WITE KOKAL ONG	give township)
FRANKLIN SQUARE HOSPITAL MIDDLE RIVER	03-00
D. STREET ADDRESS (If iurol, give locotion)	
3 BALTIMORE, MARY CAND 3 RUN WAY COURT	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors   If Under	Yt. If Under 24 H
WIDQWED, DIVORCED (specify) lost biol don Months: D	oys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11/2. BIRTHPLACE (State or foreign country) 12. CITIZE	
Jone during most of working lile, even if retired) Westing House Logication, N.C. WHAT	COUNTRY?
LEXING 1000 , N.C. U-	2/4
3. FATHER'S NAME	
LINDSEY CROOK ELLA MYERS	
27.030	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.  FIGURE A SOCIAL SECURITY NO.	
NO 244 28 CON TRANKLIN SQUALO HOSPI	100
	TERVAL BETWEEN
0	NSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) CACHINIA 2 W flan -	
(This does not mean the mode of dying, e.g., DUE TO heart foilure, astheria, etc. Il means the disease,	
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)	
rise to the obove couse (A) sloting the (C) UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
≧ TO THE DEATH BUT NOT RELATED TO THE	
IN CERTEVING CALLES OF DE	ONSIDERED
10-3-67 WAS PERFORMED O BETRUCTION IN CERTIFYING CAUSES OF DE	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give	exact location)
OR CONTRIBUTING CAUSE OF home, form, fociory, street, office bldg., INJURY OCCUR?	
<u>o</u>	
21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
Vhile At ☐ Not While ☐	
Work Al Work	7/1
22. I certify that (I) (this hospital) attended the deceased from September 1964 to Cloud	196 7
that (I) (we) last saw the deceased alive an October 14 19 67 and that in(my) (aur) apinion death	accurred on the d
and haur and from the causes stated above. (We) (did) (did not) view the body after death.	
23A. SIGNATURE	SIGNED
M.D. Attending Med. Stoff Physics Phys	60 0 V 1
23C. PHYSICIAN'S 23D. ADDRESS	ch 1//1
23C. PHYSICIAN'S NAME (Type)	2
RUBEN V. LUNA M.D. FRANKLIN SEVARE ACSPI	TAL BA
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or	county) (State)
REMOVAL (Specify)	
REMOVAL 10/26/67 GREENWOOD TARBORO NO	C.
25A. DATE REC'D BY HEALTH DEPT. [25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR	ADDRESS
OCT 3 0 1967 P. O. B E Farley Min / - Oly F/4.	7 4
Comer Ji-11	500 marco
/S 150-REV. 1/1/65	



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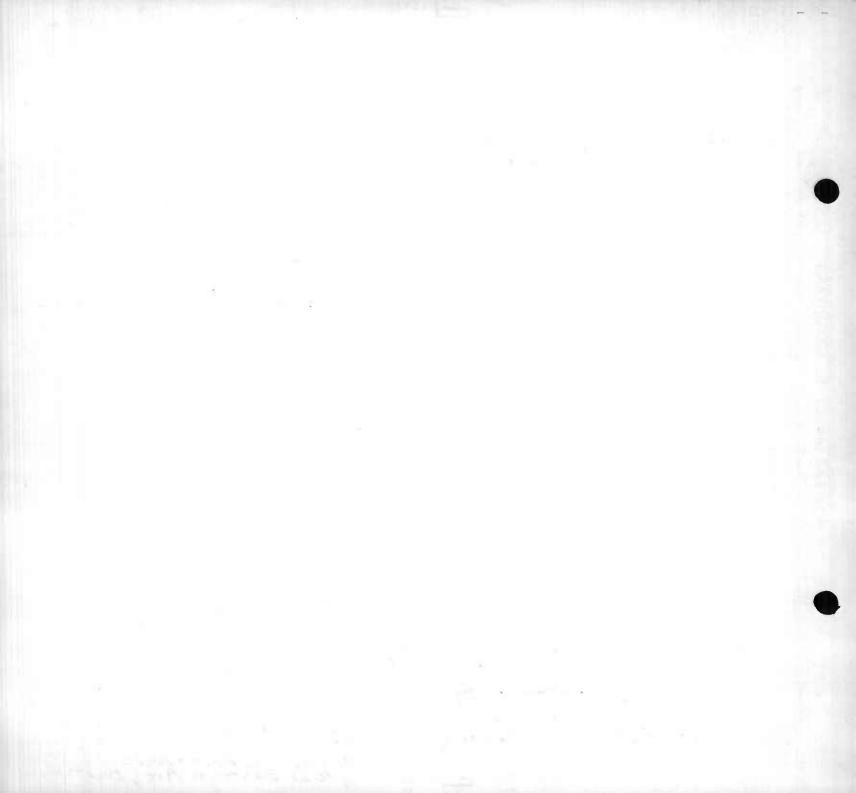
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LITTLE OF A



BALTIMORE C	CITY HEALTH DEPARTMENT
#RTH NO. 67 10273 CEPTIFIC	CATE OF DEATH Registered No. 67 10273
M.E. CASE NO.	
1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) LURIEL C. FORD	15/26/67 15:10 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission
	A. STATE B. COUNTY
FULL NAME OF (If not in haspital or institution, give street	ma. lideally
HOSPITAL OR address ar focation)	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
Church Home + Hoy	. Weetnimster 36-00
	D. STREET ADDRESS (If rurol, give location)
Balt, 31, md.	Ped #5 21157
5. SEX 6. RACE 7. MARRIED, NEVER WARRIED	
5. SEX 6. RACE 7. MARRIED, NEVER WARRIED WIDOWED, DISECTO (specity)	
T	5/14/24 43
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	
done during most of working life, even if retired)	WHAT COUNTRY?
Repair Clark (+P Telephone	
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James & Clark	Ethelyn Crutabley  17. INFORMANT  45 Mc Francis S. Ford Westminatur Ind
	yw
5. Was Deceased Ever in U. S. Armed Forces?  Yes, no ai-wiknawn) (If yes, give war ar dates of service)  SECURITY NO.	17. INFORMANT  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS
216 16 919	us Mr. Francis S. Ford Westmington Ind
	E OF DEATH INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	DADA WINGER .
LEADING TO DEATH	CERVIX UTERI 18 200
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	OFRUIX UTERT
injury ar camplication which caused death.)	CERTIFICATION OF THE PROPERTY
DUE TO	
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.	
Z CTURE NO. USE CONTROL SONT CO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Nov. 1964 Carsinon of Ce	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF MURY (e.	g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact lacation)
OR CONTRIBUTING CAUSE OF hame, form, factory, street	t office bldg. INJURY OCCUR?
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Year) (Haur) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
While A! ☐ Not V	While
Work L AI W	
22. I certify that 🌇 (this haspital) attended the deceased from	10/11/2 1967 to 10/26 1947
1	
that (we) last saw the deceased alive an	29 19 and that in (my) (aur) apinian death accurred an the de
and haur and from the causes stated above. (1) (We) (did) (did no	it) view the bady after death.
23A. SIGNATURE	23 B. DATE SIGNED
M.b.	Allending Med. Sloff S
francisco Trallaga Je	Phys. Director Phys.
28C. PHYSICIAM'S NAME (Type)	23D. ADDRESS Church Home & Horp.
	1.0. 100 N. Rouling Both 2
7 MANONS OF BANK	July 1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county) (Note)
(3,0400) 10/30/67 Sakerea	Memirical Liberty Col Carrella. Ind
25A, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REGISTRAR	250 FUNERAL DIRECTOR
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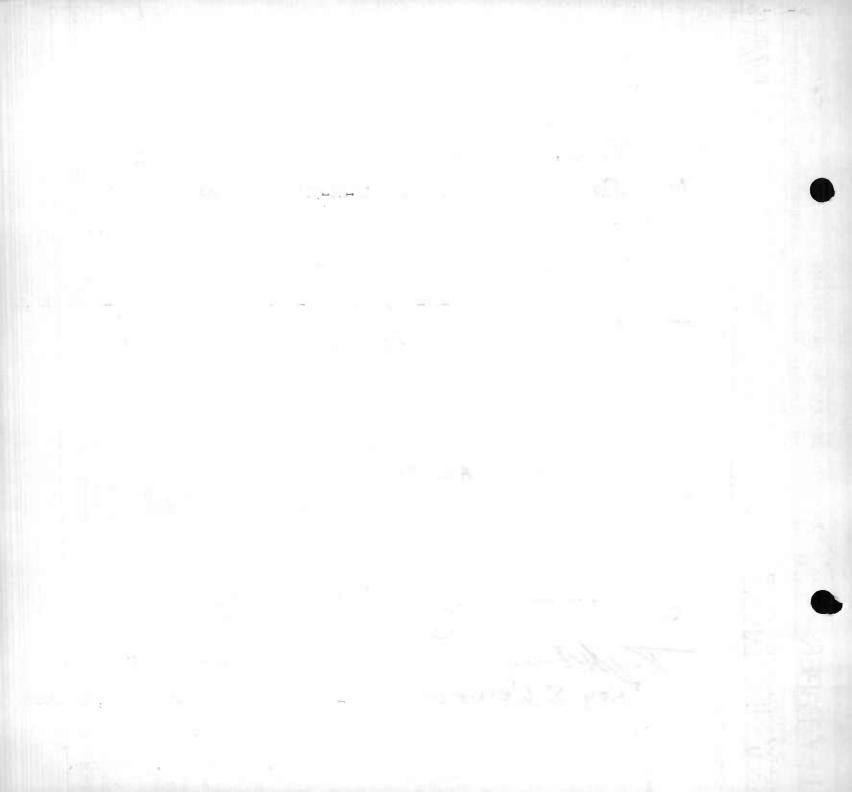
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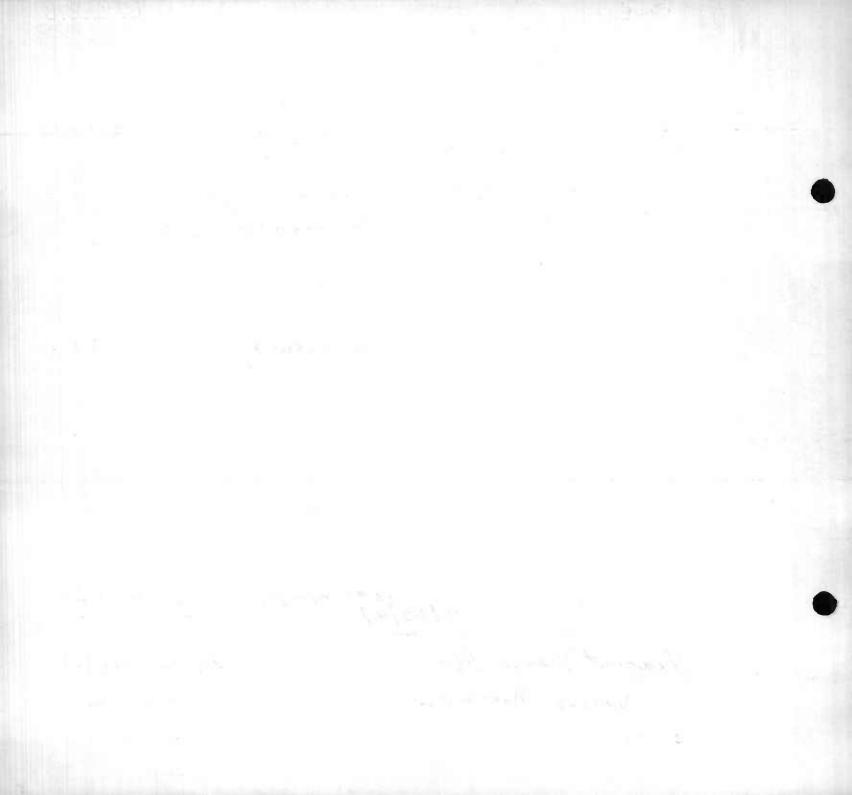
FUNERAL DIRECTOR:

	67	1027	12	HEALTH DEPARTMEN		67 10276
BIRTH NO. M.E. CASE NO.	07	TUCI	CERTIFICA	TE OF DEAT	H Registered No	0.
Typo or Print)	HAPELTOI	U. NE	EWTON	2. DAT	27/17	1345 A
FULL NAME O	ATH IN BALTIMORE, MA	er institution,	give stroet	Maryland	(If outside city limits, writ	o RURAL and give townhip)
H2	)		cr mor e	D. STREET ADDRESS	(If rurol, give locotion) rt Street	
s. sex	6. RACE Colored	7. MARRIED, WIDDWELL	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH 9-28-1890	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 h Months Doys Hours Min
	working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	Baltimore.  14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY?
Richard				Annie Gre		
	d Ever in U. S. Armed For n) (If yos, give war or date		16. SOCIAL SECURITY NO. 215-05-0018	17. INFORMANT Edna B. Net	wton - 255 Ro	bert St.
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21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		ilo At Not Whi	10 [7]	D INJURY OCCUR?	
that (I) (we		d alive an	he deceased fram /// /0/27 I) (We) (did) (###nat) v			27 19 6 apinion death accurred on the
23A. SIGNATI	nueto	telet	M.D. Att	ending Mod. Diroctor	Stoff Phys.	10/27/67
NAME (	YPOK ENNETH	WETC	HER M.D.	Sinai /	tospital	of Balto,
Burial CRE	(Specify) 248. DATE		ame of CEMETERY of CR rbutus Memoria		Baltimore, M	ICity, town, or county) (State  (State
5A. DATE REC'D	CT 3 0 1967	Cub &	E, Fallema	Charles R.		Address dison Ave.
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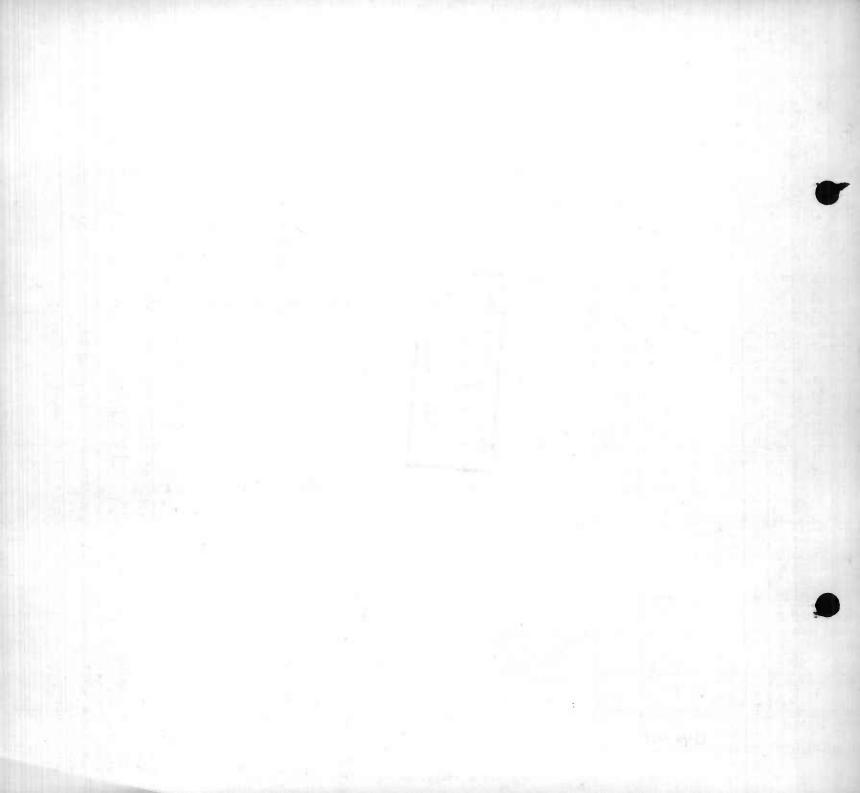
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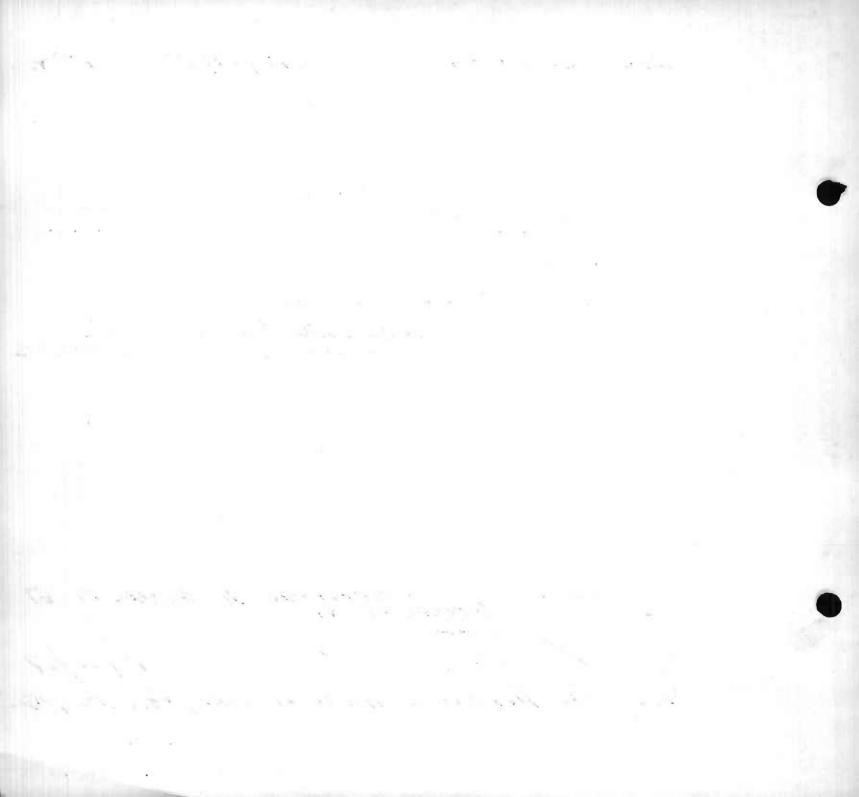
D	-511 am		BALTIMORE CITY	HEALTH DEPARTMENT	\/	67 10278
BIRTH NO.	67-21586 01	10278	CERTIFICA	TE OF DEATH	Registered No.	0, 200,0
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3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND	Dave III_Delik		re deceased lived. If in	stitution: residence before odmission)
FULL NAME	F OF Ul and in bossical	- institution			77/	
HOSPITAL C	R oddress or locotio		ive street	Maryland c. city of town (If ou	tside city limits, write	RURAL and give township)
INSTITUTION				Glen Burnie		52-00
33 mha	Johns Hopki	ne Hoer	ni+al		rural, give location)	
1110	comp nopxi	112 11021	)I Cai	Route 1, Bo	x 90	
. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
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	CCUPATION (Give kind of wor	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF
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F 141 5	David Dem	-	14.000111		encer	
les, no or unkno	sed Ever in U. S. Armed For own) (If yes, give wor or dote	rces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
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heart failu	re, asthenia, etc. It means	the disease,	00110		/	
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	ANTECEDENT CAUSES		DUE TO		· · · · · · · · · · · · · · · · · · ·	••••••
	OR CONDITIONS, if the obave cause (A)		(6)			
	ING CONDITION Iosi.	Jonny Inc	(C)			
	11					
O OTHER SIG	SNIFICANT CONDITIONS					
DISEASE (	DEATH BUT NOT RELA	IT.				
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W -				Yes	No	
OR CONTR	DENT WAS UNDERLYING ABUTING CAUSE OF	home	PLACE OF INJURY (e.g., in e, form, factory, street, of	fice bldg., INJURY OCCUR?	(II in Boltimor	e City, give exact location)
U	olily medical examiner	etc.)				
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E,	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)		Whil	e At Not While			
22 L certi	ify that (1) (this hospita	I) attended th	1.3	40/ 10/12 1/2	19 to 5	30 AM 10/23/6719
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	ve) lost saw the decease		101010	1	or in (my) (owe) opi	nian deoth occurred on the do
		ted obove. (I)	(We) (did) (d <del>id not</del> ) v	iew the body ofter deoth.		
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11	neens In	nganil	Phy	s. Director	Phys. I Juxen	N 10/23/41
23C. PHYSIC NAME	CIAN'S E (Type)	20		23D. ADDRESS	11	
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	mation 10-2	23-67 1 258. NAME 0		ns Hospital		e, Maryland
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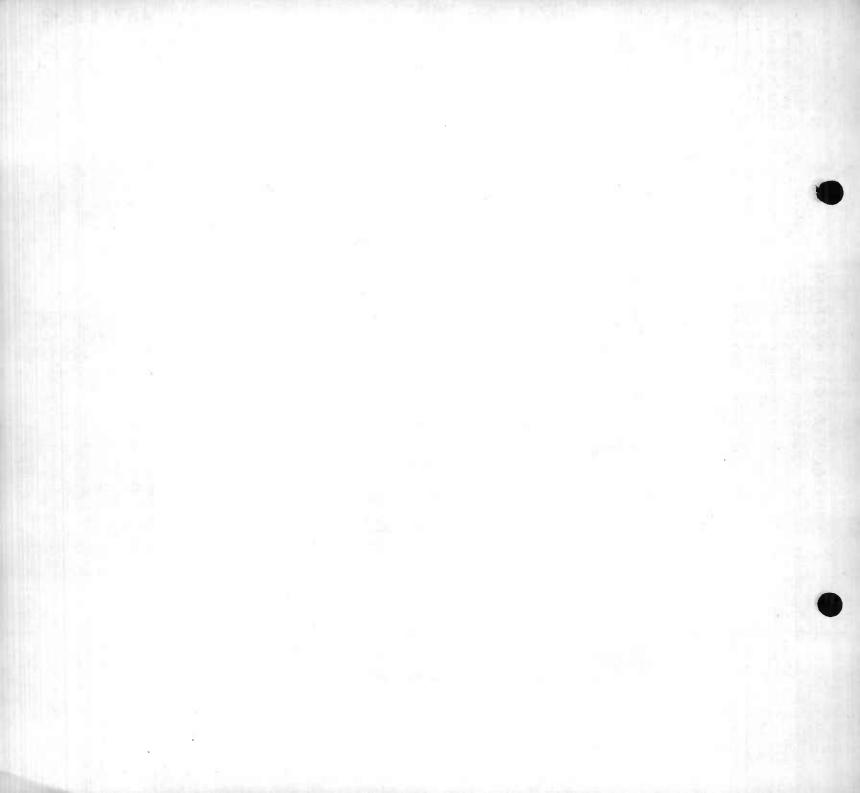
PLACE OF DE	041/ 10	if	LEY	2. DATE AN	27/67	730-
	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	e deceased lived If	institution: residence before admission
FULL NAME HOSPITAL OR			give street	Maryland		
INSTITUTION						RURAL and give township
43	South Ballt	imore G	eneral Hospita	D. STREET ADDRESS		<i>a</i> ) 0
SEX	6. RACE		, NEVER MARRIED	8. DATE OF BIRTH	son Street	If Under 1 Yr. , If Under 24 Hrs
Male	White		n. DIVORCED (specify)	Nov. 29, 1924	lost birthdoy)	Months Doys Hours Min.
	CUPATION (Give kind of world working life, even if retired)	k 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Chief Cl		W. M.	Railway	Baltimore,	Maryland	U. S. A.
FATHER'S NA		1	Sec	14. MOTHER'S MAIDEN NA		
	John G. Riley	7		Vera Ser	ra	
. Wes Deceese	d Ever in U. S. Armed For n) (If yes, give wor or dote	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 2123
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18., / つ	) / 1		CAUSE O	enoschust	1./1	INTERVAL BETWEEN OVSET AND DEATH
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FUNERAL DIRECTOR: IMPORTANT

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18.   CAUSE OF DEATH   SECURITY NO.   SECURITY NO	15 1	Was Deceased Ever in U.S. Armed Exercis	17 INFORMANT	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthania, etc., It means the disease, injury or complication which coused death,  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it ony, giving rise to the above couse (IA) storing the UNDERLYING CONDITION lost.  TO THE DEATH BUT NOT RELATED TO THE DISTARCE OF INJURY (e.g., in air about 21C. WHERE DID IN CERTIFYING CAUSEO)  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRATION  17-A DATE OF OFFRAIDN 198. CONDITION FOR WHICH OFFRAIDN 198. CONDITION F	(Yes			ADDRESS
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, larm, factory, street, office bidg., INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (I) (this hospital) ottended the deceosed from Month of Information	⋖	DISEASE OR CONDITION CAUSING IT.	ON 120A AUTOREY2 (Year on New 20B to year out	THE PROPERTY OF THE PARTY OF TH
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Boltimore City, give exact location) hame, larm, factory, street, affice bidg. INJURY OCCUR?  21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURED  21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURED  21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURED  While At Not White At Wark  22. I certify that (I) (this hospital) ottended the deceased from Atlanta (II) (we) lost sow the deceased olive on and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady ofter death.  23A. SIGNATURE  M.D. Attending Med. Stoff Phys. 23B. DATE SIGNED  23C. PHYSICIANS MAME (Type)  23D. ADDRESS  M.D. Manffand Gr. Happing  24D. LOCATION (City, tawn, or county)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY  25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS	E I	- WAS PERFORMED	IN CERTIFYING	CAUSES OF DEATH?
Death (natify medical examiner)  Death (natify medical examiner)  21D. Time (Manth) (Day) (Year) (Hour)  21E. INJURY OCCURED  While Al Mark  Al Work  Al Work  22. I certify that (I) (this hospital) ottended the deceased from and hour and from the causes stoted above. (I) (We) (did) (did nat) view the bady ofter death.  23A. SIGNAYURE  23B. DATE SIGNED  23C. PHYSICIANS NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specily)  Death (natify medical examiner)  Alterding Med. Staff Director Phys.  23D. ADDRESS  M.D. Manfand Gu. Harpinal  24C. NAME of CEMETERY of CREMATORY  25B. NAME of REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS	CER		JRY (e.g., in grabout 21 C. WHERE DID (II in Roll)	more City, give exact location
21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Not White At Work At Work  At Work  22. I certify that (I) (this hospital) attended the deceosed from Default on that (I) (we) last sow the deceosed alive on Default of the deceosed		OR CONTRIBUTING CAUSE OF hame, larm, factory,	street, affice bldg., INJURY OCCUR?	Site exect tocollon)
While At Work  22. I certify that (I) (this hospital) ottended the deceosed from Dobo 19 0 to Dobo 26 19 19 that (I) (we) lost sow the deceosed olive on 26 19 0 ond that In (my) (our) opinion death occurred on the and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIANYS NAME (Type)  23C. PHYSICIANYS NAME (Type)  23D. ADDRESS NAME (Type)  24D. LOCATION (City, town, at county)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  25D. ADDRESS  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR  ADDRESS	U	1 110		
22. I certify that (I) (this hospital) ottended the deceosed from Dalah 26 196 to Galah 26 196 that (I) (we) lost sow the deceosed clive on Dalah 26 196 ond that In (my) (our opinion death occurred on the down one of the causes stated above. (I) (We) (did) (did nat) view the bady ofter death.  23A. SIGNATURE  M.D. Attending Med. Director Phys. Oct 26 196 196 196 196 196 196 196 196 196 19	MEC	OF INJURY		
that (I) (we) lost sow the deceosed olive on Oct 6 19 0 ond that In (my) (our opinion death occurred on and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady ofter death.  23A. SIGNATURE  M.D. Attending Med. Director Phys.  23C. PHYSICIANS NAME (Type)  OUNGS:  M.D. Manfand Gn. Harpital  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county)  DURIAL  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  Address	4			21,
and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady ofter death.  23A. SIGNATURE    M.D.   Altending   Med.   Staff   Oct 26		22. I certify that (1) (this hospital) ottended the deceased for	om Odobu 26 196) 10 6	cf Jen 26 196
and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady ofter death.  23A. SIGNATURE    M.D.   Attending   Med.   Staff   Oct 26		that (1) (we) last sow the deceosed olive on Oct	26 19 67 and that in (mx) (our)	opinian death occurred on t
23A. SIGNATURE  JOSH M.D. Attending Med. Director Phys. 23B. DATE SIGNED  23Q. PHYSICIANS NAME (Type)  VOUNTS: K MOON M.D. Maryland Gr. Horperal  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  23B. DATE SIGNED  23B. DATE SIGNED  24D. LOCATION  (City, town, or county)  Address		and hour and from the causes stated above. (1) (We) (did) d		MATERIAL AND SECOND SEC
230. PHYSICIANS NAME (Type)  YOUNGS: K  MOON  M.D. Manyland Gn. Horpiral  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION  (City, Iawn, or county)  DORIAL  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS		23A. SIGNATURE		
230. PHYSICIANS NAME (Type)  YOUNGS: K  MOON  M.D. Manyland Gn. Horpiral  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION  (City, Iawn, or county)  DORIAL  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS		fourful Moon	A.D. Attending Med. Staff	2 Oct 26 110
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  DURIAL 10-30-67  LIDOGLAUN CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  DURIAL 10-30-67  LIDOGLAUN CEMETORY 25C. FUNERAL DIRECTOR ADDRESS		23 C. PHYSICIANS		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  DURIAL 10-30-67  LIGHT CREMATION (City, town, or county)  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		NAME (Type) YOUNGTS:K MOON	1	rital
BURIAL 10-30-67 Woodfawn Come tory BALTIMORE Md 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	244	A. RUBIAL CREMATION 1248 DATE 1245 NAME of CEMETE		(City, tawn, ar county) (
	2-17-1	REMOVAL (Specily)	A LOCATION	M
	1	DURIAL VO-30-67 WoodLAW	v cemetery BALTim	ope IIId
OCT 30 1967 17 Oce to E. Jankey Llswarth HRMACOST - 4600 Liberty Hr.	25A	4 % 6	25C. FUNERAL DIRECTOR	ADDRESS
		OCT 3 0 1967 17 0. 6 E. Jan	Ellsworth HRMACOST	-4600 Liberty Ha

BALTIMORE CITY HEALTH DEPARTMENT



5	IRTH NO. 67 10	000	TE OF DEATH	Registered No.	67 10283
	A.E. CASE NO.  NAME OF DECEASED  Type or Print)	1 /		D HOUR OF DEATH	01 0
- 11	PLACE OF DEATH IN BALTIMORE, MARYLAND	Idwin	4. USUAL RESIDENCE (Where	-23-67	tion: residence before odmission)
ſ.	FULL NAME OF (If not in hospital or institu	tion give street	A. STATE B. COUNT		2-01
	HOSPITAL OR oddress or location) INSTITUTION	Ton, give sheet	C. CITY OR TOWN THE outs	ide city limits, write RUM	
	43		D. STREET ADDRESS (IF II	urol, give location)	2/230.
	South Baltimore G	ENEral Hosp	206 So.	Harove	p St.
	M 6. RACE 7. MAR WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	ost birthdoy)  If Mo	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
1	OA, WSUAL OCCUPATION (Give kind of work 10B, KIN lone during most of working lite, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	in country) 12	CITIZEN OF WHAT COUNTRY?
1	Unknown	NONE	OK	Lahoma	4.54
Y	3. FATHER'S NAME		14. MOTHERS MAIDEN NAM	NE.	
ī	5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	iE	ADDRESS
(	Yes, no or unknown) (If yes, give wor or dotes of serv	144/2-20-2011	Manuel	Matikacker	128 Light St.
-	18.149.3 X I	CAUSE O	F DEATH	NUZFACE	INTERVAL BETWEEN ONSET AND DEATH
١	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	in Ma	m Negative Sy	rtecenin	
	(This does not mean the made of dying, heart failure, osthenia, etc. It means the disc	e.g., DUE TO			
	injuly of camplication which caused death.)  ANTECEDENT CAUSES	(B) Clru	iny trad Infe	time	
	DISEASES OR CONDITIONS, il any, gi		nudlied Debilit	aresto	
	rise Ia lhe abave cause (A) sloting UNDERLYING CONDITION last.	40	A. A	mona	••••••••••••••••••••••••••••••••••••••
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, at etc.)	n or obout 21 C. WHERE DID	(If in Boltimore Cit	y, give exect location)
	21 D. TIME (Month) (Doy) (Yeot) (Hout) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not While Work At Work	21 F. HOW DID INJU	RY OCCUR?	
	22, I certify that (#) (this hospital) attend		9-23	967 10 /	5-23 1967.
	that (#F(we) lost saw the deceased alive			t in( <del>my)</del> (our) aplnion	deoth occurred on the dote
i	ond hour and from the causes stated above	/e. (I) (We) (did) (did not) v	iew the body ofter deoth.	238	B, DATE SIGNED
	Monald M	· (AND M.D. After		Stoff Phys.	10-24-67
ı	23C. PHYSICIAN'S NAME (Type)	7 1 1	23D. ADDRESS	201	
	4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	12/3 2/9/n MATORY 1240. LO	7 ST.	45
	REMOVAL (Specify) Burial 10-31-1967	Baltimore Nat.	LA.	., Md	own, or county) (State)
2		ME OF REGISTRAR	25C. FUNERAL DIRECTOR Wm.Cook-Brooks	s,Inc. 1217St.	. Paul St. Balt.Md
IF	6 150 BEV 1/1/45	-			



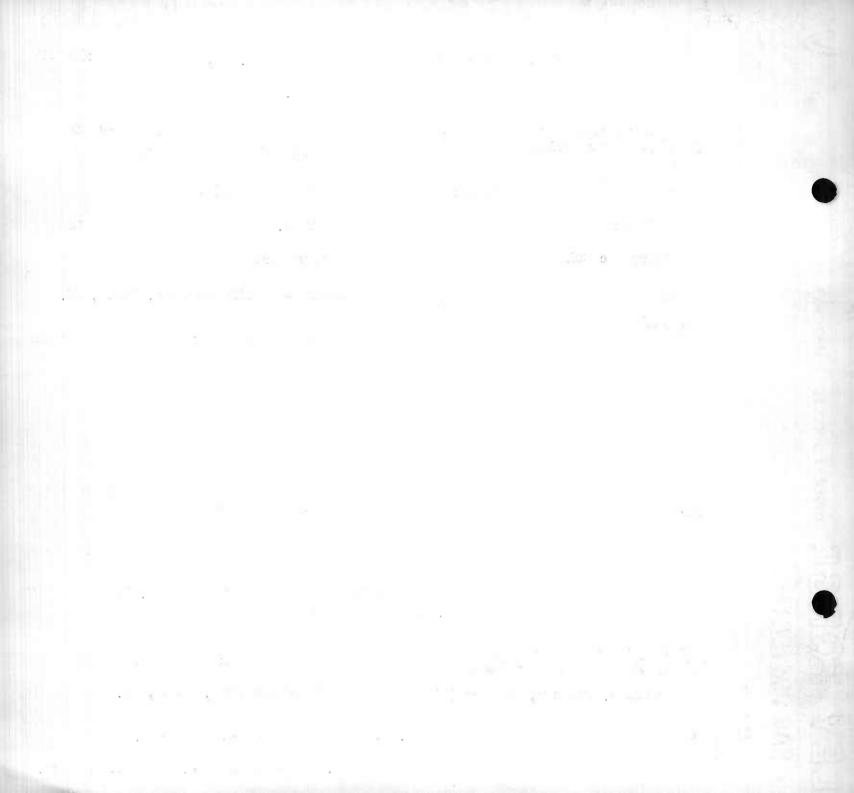
67 10284 BALTIMORE CITY HEALTH DEPARTMENT

BIRT	TH NO.	WED	ICAL EX	AMINER'S CI	ERTIFICA	TE OF D	EATH Register	red No 67	10284
	E CASE NO.								
1. ( (Ty	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
3	ARCI ERT	TIMORE MARYLAND, W	HERE PRONOU	ENDED	4. USUAL RESID	Octobe DENCE (Where d	er 26, 1967  eceosed lived. If insti B. cou	lution: residence	6:20 a M. bofore odmission)
HO	SPITAL OR TITUTION	ADDRESS OR LOCA		10-31-67	C. CITY OR TO		corporate limits, write	RURAL ond gi	re township)
4	Union	Memorial Ho	spital			Baltimor	ive location)		01
5. S	FY	6. RACE	7 AA APPIED	NEVER MARRIED	B. DATE OF BIRT	St. Pau	9. AGE (In years	If Under 1 Ye	. If Under 24 Hrs.
			WIDO WED, D	DIVORCED (specify)  ied  BUSINESS OR INDUSTRY			lost birthdoyl	Months Days	Hours Min.
		UPATION (Give kind of wor working life, even if retired)	k TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN O	DUNTRY?
12	ruck Dr	iver			Tennes	SEC NAME		U.S.A	•
13,							11.		
15.		Anderson Kir		16. SO CIAL	AL1	ce Mc La	ugnin	ADDRESS	
		(If yes, give wor or dote W.W.I		SECURITY NO. 415-03-8645		. Ming,	Jr. 1607 St	t. Paul	St.
	18.	2 V .			OF DEATH				RVAL BETWEEN
	4 DISEA	SE OR CONDITION D	RECTLY					ONS	SET AND DEATH
		LEADING TO DEATH	1	(A) Hype	rtensive	and Arte	rioscleroti	.c	
	heart failure	not meon the mode of c, osthenio, etc. It meons emplication which coused	the diseose,	xk∪xx x					
		ANTECEDENT - CAUSE	c	Car	diovascul	ar Disea	se		
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)	000 Theorem TTT Tobac erect eve				
	UN DERLYI	HE ABOVE CAUSE (A) S	TATING THE						
Z				(C)					was 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
CERTIFICATION	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO TI						
CERT	19A. DATE O	F OPERATION 198, CON		WHICH OPERATION			OR IF YES, WERE FIN N CERTIFYING CAUS		
EDICAL	UNDERLYING	CAUSE WAS OR CONTRIB-	21 B. I home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. ' ffice bldg. INJUR	WHERE DID (IE	in Boltimore City, giv	e exoct locotion	n)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	W	VHILE AT NOT AT W	WHILE	OW DID INJUI	Y OCCUR?		
	22. I cer	rtify that I held an	nquiry 🗌	Inspection X Aut	opsy an	d that on this	basis, deoth in m	y aplnion	
	resu	Ited from: Natural ca		ccident Suicid		ide U	ndetermined manne	er 🗌	
		Con 1	0	1 - 1	CHIEF M	EDICAL EXA	MINER		ATE SIGNED
	SIGNAT		1.1	and M.D.	ASSISTANT N	EDICAL EXA	MINER	D.	ATE SIGNED
	EXAMI	NER'S	/		ASSOCIATE A				
02.4	NAME (	(Type) Charl	es S. Sr	ringate, M.D		2000 10		October	26, 1967
	MOVAL (Speci			Prospect Hil			Towson, Ma	town, or county	(Stote)
	Buria1	10/30		Baltimore Na	tional-Co	emetery .	Baltimore,	Md	
24/	A. DATE REC'D	HEACTH DEPTET	24B. NAME	OF REGISTRAR	24C. FUNES	RAL DIRECTOR		ADDR	ESS
			rover	E. Farbuna	Wm. (	Cook-Broo	ks, Inc. 13	217 St.	Paul St.

VS 151-REV. 1/1/65

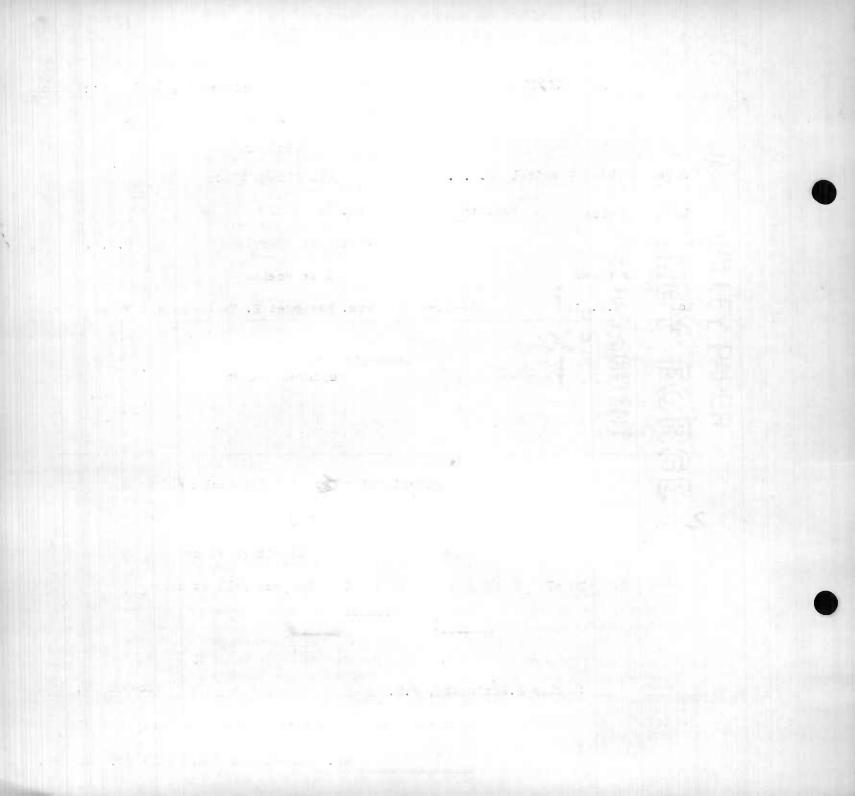
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VS 150-REV. 1/1/65



AMEDICAL EXAMINED'S CEDITIFICATE OF DEATH BURNES 67 10286

BIRTH	and the same	WED	ICAL E	KAMINER 5 C	EKTIFICATE OF DEA	H Registered Na.	
	CASE NO.	EASED			To payr and you	a provious CED DEA	
(Type	or Print)		*********			R PRONOUNCED DEA	D
3 PI	ACE IN RALT	JOHN NOVE		RICHARD MC CON	MAS Octob	per 25, 1967	8:53 p.M.
J. 1 L.	TOP III DAGI	MORG MARIEAND,	TIERE TROITO	ONCED DEAD	A. STATE	B. COUNTY	sidence belote odmission/
FULL	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN (If outside corpor	rote limits, write RURAL	ond give township		
IN STI	TUTION	ADDRESS OR LOCA	(IION)			10	
3	5_				Baltimore D. STREET ADDRESS (If rurol, give to	- 12	
00	Tohne	Hopkins Hosp	ital I				
5. SEX		6. RACE		NEVER MARRIED	B. DATE OF BIRTH 9.		dor 1 Yr, If Under 24 Hrs.
0. 0,1		NA GE		DIVORCED (specify)	lost		Doys   Hours   Min.
	ale	White	Marı		Feb. 16, 1927	40	
		JPATION (Give kind of worl vorking life, even if retired)	IOR KIND O	F BUSINESS OR INDUSTR	Y 11. SIRTHPLACE (State or foreign count		TIZEN OF HAT COUNTRY?
	arpent				Baltimore, Maryland	1	U.S.A.
13. FA	THER'S NAM	\ E			14. MOTHER'S MAIDEN NAME		
		Mc Comas			Rose Meehan		
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	ADDRE	ESS
	Yes	W.W. II		214-20-9781	Mrs. Margaret E. Mc	: Comas 411	Pitman Place
3.8	E a	040		CAUSI	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION DI	DECTIV				ONSET AND DEATH
	DISEAS	SE OR CONDITION DI LEADING TO DEATH		Hemo	peritoneum		
	he ort foilure,	not mean the mode of osthenio, etc. It means	the discose,	DILE TO	Ruptured spleen		
	injury or cor	nplication which coused	deoth.)		Ruptured Spieen		
	A	NTECEDENT CAUSE	S	(0)			
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	***************************************	,	
		IG CONDITION LAST.	IA ING THE				
8L				(C)			***************************************
Ě	OTHER SICE		CONTRIBUTI	NC			
5	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO		sclerotic Cardiovaso	nilam Diease	70
ERTIFICATION		OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF		
CE	A. DAIL OI	WAS PER		WHICH OFERATION	IN CER	RTIFYING CAUSES OF	DEATH?
¥ 2	A. EXTERNA	L CAUSE WAS	21 R.	PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID (If in Bo	YES  Oltimore City, give exoct	
	NDERLYINGX	OR CONTRIB-	hometc.)	e, form, factory, street,	office bldg., INJURY OCCUR?	minore only, give exoci	1000110117
一一				Home	411 Pitman		2-05
ő	F INJURY	(Month) (Doy) (Yeo	r) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OC	CUR?	
()	APPROX.)	10 20 67	? m.	WHILE AT NOT	WHILE X Subject fel	1 at home	
2	2.	ify that I held an I	nautry 🗌	Inspection Au	tapsy X and that an this basi	s death in my cain	ion
		ted fram: Natural ca		Accident X Suicid			
	resui	rea fram: Natural ca	uses	ACCIDENT A SUICIO		rmined manner	
	ACTUAL	- (1/4.0)	)	1	CHIEF MEDICAL EXAMINE		DATE SIGNED
	SIGNAT		2,0	Jan M.D	ASSISTANT MEDICAL EXAMINI		
	EXAMIN				ASSOCIATE MEDICAL EXAMIN		h 26 1067
23A.	NAME (	OHATI	es S.SP	ringate M.D.	CREMATORY 23D. LOCATIO		ber 26, 1967
REMO	OVAL (Specify	1)					
	Burial	10/30		Baltimore Nat	ional Cemetery Balt	imore, Mary!	land
24A.	DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
		um 3 0 1967	Tobal	58, Failuns	Wm. Cook-Brooks,	Inc, 1217	St. Paul St.
VS 1:	51-REV. 1/1/	65	12	0 / 10	10307		

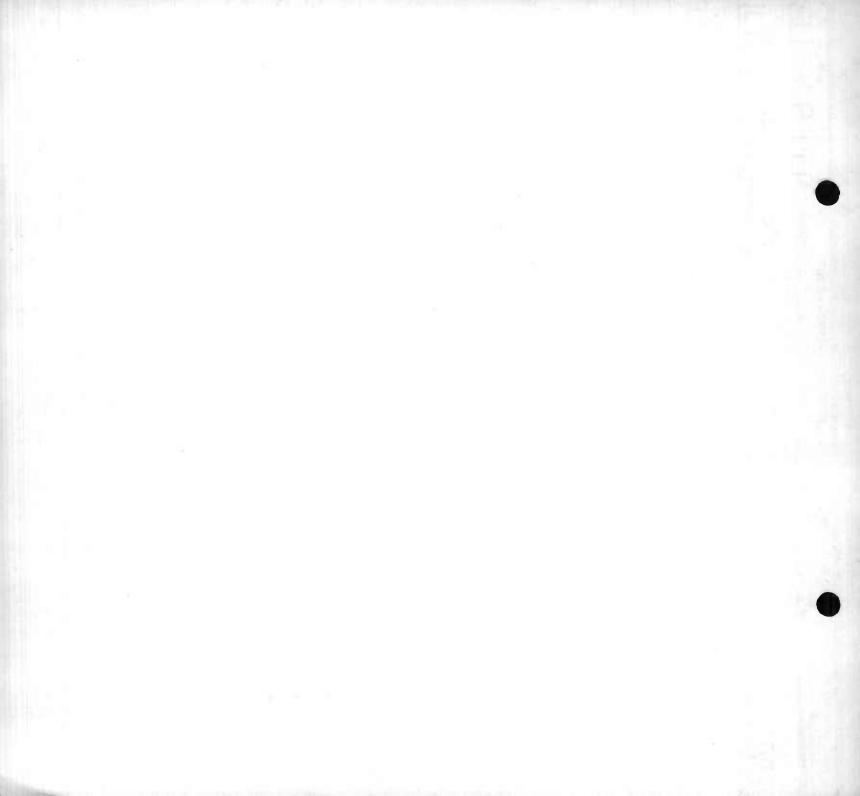


a hospital and

BIRTH NO. 67 10	207	Y HEALTH DEPARTMENT ATE OF DEATH Registered	No. 67 10287
M.E. CASE NO.	FLETCHER		EATH 1961
Type or Print)  FLETCHER JACKSON	TACK	CAN OCTOBER 2	7 [KI 1 1200 P
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	JAM.	4. USUAL RESIDENCE (Where deceased lived	d. If institution: residence before admission
FULL NAME OF (If not in hospital or institu	itian gue sheet	MARYLAND	
HOSPITAL OR oddress or location) INSTITUTION	orion, give sweet	C. CITY OR TOWN (If outside city limits,	
CHURCH HOME & F	laspira i	BALTIMORZE 212	30
71	103171146	D. STREET ADDRESS (If rurol, give location	on)
35		1757 loillian	St.
21 0 WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)  UST2 MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 12-30-1911 55	If Under 1 Yr. If Under 24 H Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KI			12. CITIZEN OF
One during most of working tife, even if retired)	ten march	MARYLAND Balto	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	, a 3.A.
- 10		11.00	
DARIUSK JACKSON		NELLIE BENNY 17. INFORMAT CHIPCHIA (Sixt) 18. EDWARD JACKSON	1138 Balley and 21
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war ar dates af ser	vice) 1 6. SOCIAL SECURITY NO.	my close Supolerland _ () vit 3	1257 William
	212-07-0419	EDWARD VACKSON	BACTILLONG
18. / 3 5 /		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A) M	GTASTATIC CARCINOM,	4
(This does not mean the made of dying; heart failure, asthenia, etc. It means the dis	e.g., DUE TO		
injury as camplication which caused death.)	from	ETASTATIC CARCINOM,	511-51
ANTECEDENT CAUSES	(B)	REINOMA OF BALL I	3 CA DOETE
DISEASES OR CONDITIONS, if any,	giving		
rise to the abave cause (A) stating UNDERLYING CONDITION last.	The (C)		
UNDERCTING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIB	HTING		
TO THE DEATH BUT NOT RELATED TO			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, V	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		IN CERTIFYING	G CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218, PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Bo	Itimore City, give exact location)
CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF HAJORI	While At Not Wh		
(APPROX)	Work At Work		
22. I certify that (1) (this hospital) atten	ded the deceosed fram	October 17 19 6/ to (	Delaber 27 1967
that (I) (we) last saw the deceased alive	on Octaber 2	7 19 67 and that in(my) (au	r) aplnian death accurred an the
and haur and fram the causes stoted oba	ve. (1) (We) (did) (did not)	-	
23A. SIGNATURE			23 B. DATE SIGNED
Corazon Z. Vergar	M.D. A	tending Med. Stoff Phys.	October 27 6
23C. PHYSICIAN'S	Ph	ys. Director Phys.	0,000
23C. PHYSICIAN'S NAME (Type)	2.4		a way barre
CORATON Z VERGA			
AA. BURIAL CREMATION, 248. DATE 2	4C. NAME OF CEMETERY OF C	24D JOCATION	(City, town, or county) (State
Bernal 00+31 1967	Colarker (		, a
	AME OF REGISTRAR	DSC. FUNERAS DIRECTO CURTIS	E. EVANS ADDRESS 0/2
THE PARTY OF THE P	The second second	Austrations 14005, CH	

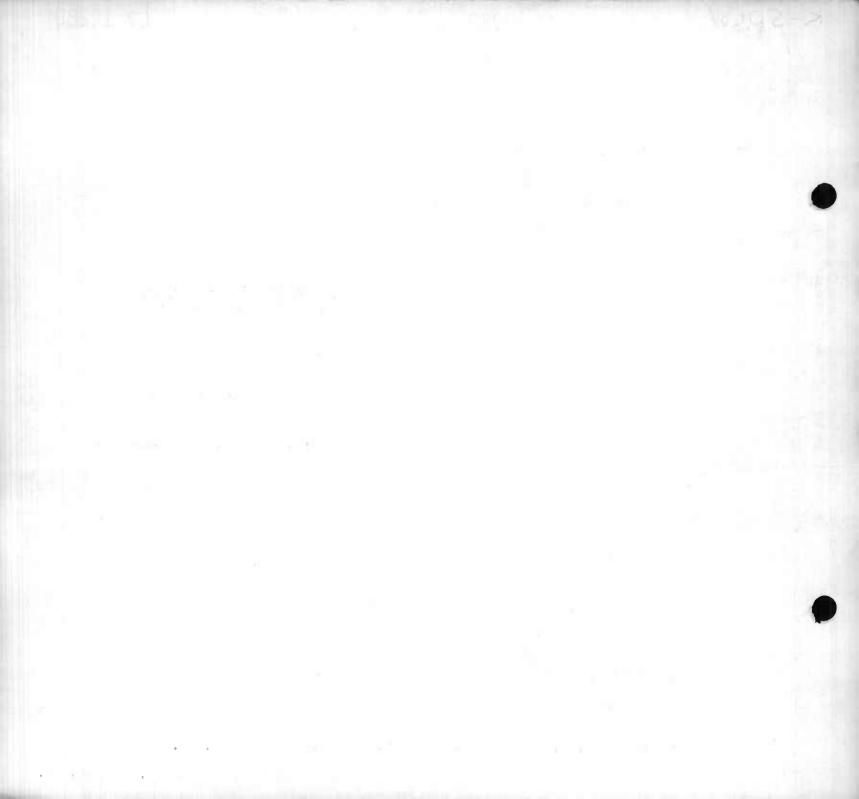
258. NAME OF REGISTRAR

VS 150-REV. 1/1/65

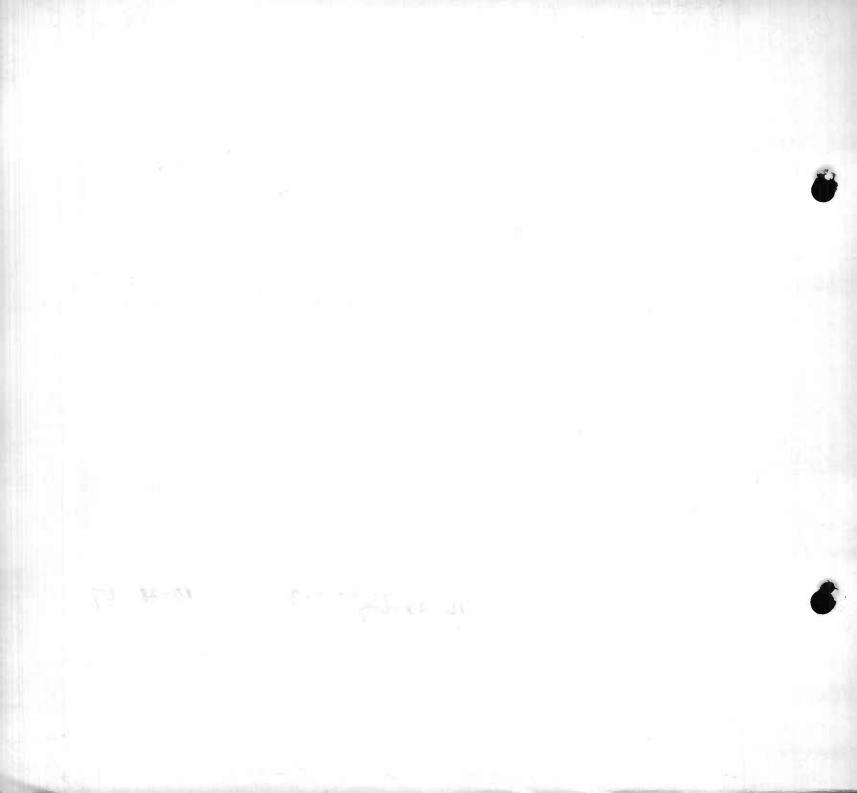


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	0999	ATE OF DEATH Registered No.	67 10289
M.E. CASE NO. 99736 1. NAME OF DECEASED	CERTITIO	2. DATE AND HOUR OF DEATH	
/T D D A)			2/4 1 01/14 2
MR. JOSEPH G. KUHN B. PLACE OF DEATH IN BALTIMORE MARYLAN	D	4. USUAL RESIDENCE (Where deceased lived. If in	6/ 8.40 P
		A. STATE B. COUNTY	$\alpha$
FULL NAME OF (If not in hospital or inst	itution, give street	MARYLAND BALTIMORE	- Ca,
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
			03,00
BON SECOURS HOSPITA	_	D. STREET ADDRESS (If rurol, give location)	
		640 ALDERSHOT ROAD	
W	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) 7ARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 14/93	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108. K	IND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired) $RET/RED$		animat mapilipud	WHAT COUNTRY?
3. FATHERS NAME		BALTIMORE, MARYLAND	U.S.H.
GILBERT KUHN		ANNA LEICHT	
5. Was Deceased Ever in U.S. Armed Forces? (es,no or unknown) (If yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	Mrs. Joseph G. K	ADDRESS
700, 9170 401 01 00105 01 5	JECOKIII NO.	Mrs. ALDED CHA	+ B >
18. 0	CALICE	OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY		OI DEATH	ONSET AND DEATH
LEADING TO DEATH			
(This does not mean the mode of dying	(A) DUE TO	Impegema	
heart failure, asthenio, etc. It meons the d	iseose,		
injury or complication which caused death	.)	nontanama Maguar Athan	AAA
ANTECEDENT CAUSES	DUE TO	pontaneous preumotho	
DISEASES OR CONDITIONS, if any,	giving	Diabetes mellitus	
rise to the obove couse (A) statist UNDERLYING CONDITION lost.	g lhe (C)	siaveres "elleras	
ONDERENTO CONDITION 1031.	$\mathcal{A}$	steriorderodia Heart	Livease
OTHER SIGNIFICANT CONDITIONS CONTR			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORME		NO IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.	, in or about 21 C. WHERE DID (If in Baltimor	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	
<u>U</u>			
OF INJURY (Month) (Doy) (Year) (Hou		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Wo		
22 Leastify that (I) (this bassis)			7 9FT 10 KF
22. I certify that (I) (this hospital) atte			
		19 ond that in (my) (our) op	inion death occurred on the
and hour and from the couses stated ab	ove. (1) (We) (did) (did not)	view the body after death.	
23A. SIGNATURE	111		23 B. DATE SIGNED
( han Dah		Attending Med. Stoff Phys.	Oct. 27,17
23C. PHYSICIAN'S	Jang !	23D. ADDRESS	104. 21,11
NAME (Type) ALAMA TO AL	1 VAUG	1 1 1 17	+ 0
NAM DOA	JANG M.	Oon secours Mospil	M
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (C	ity, town, or county) (State
	27 0 2	3 0 4 7-14 1/3	
Burial 10/31/67	New Cathedra	al Cemetery Balto, Md.	ADDRESS
Maria a U Min / 1/2 /	7 Box Cl. Study II as as		
10	CAN C' CLERRINA	Witzke 4101 Edmondson	we. Balto. Md.
'S 150-REV. 1/1/65	-7 - JU - 93		



VS 150-REV. 1/1/65



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OF attend

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CERTIFICATION

regular

(2)

cause; attend 10

(4) Undetermined

cause

contributing

OF

direct

IMPORTANT

2. DATE AND HOUR OF DEATH

9. AGE (In years

20

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR

(If not in hospital or institution, give street address or lacation)

BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE

MARYLAND C. CITY OR TOWN

A. STATE

BALTIMORE

USUAL RESIDENCE (Where deceased lived.

8. COUNTY

(If outside city limits, write RURAL and give township

If institution; residence before admission

D. STREET ADDRESS

8. DATE OF BIRTH

17. INFORMANT

BALT IMORE

GERMANY

(If rurol, give 3213) Foster Avenue HOSPITALS

BALTIMORE, MD. # 21224 MARRIED, NEVER MARRIED 5. SEX

MALE WHITE 10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

WIDOWED, DIVORCED (specify) MARRIED

lost birthdoy) 74 3-16-93

If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF

done during most of working life, even if retired) Retired

Engineer 14. MOTHER'S MAIDEN NAME U. S. A.

WHAT COUNTRY?

If Under 1 Yr.

13. FATHER'S NAME

MAX KRESSE

MARIE BARTH

5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO.

ADDRESS 21224. MARYLAND RECORDS: BCH 4940 EASTERN AVENUE, BALTIMORE

No

DUE TO HEVID

CAUSE OF DEATH

Unknown

INTERVAL BETWEEN

ONSET AND DEATH

hearl foilure, osthenio, etc. Il meons the diseose, ANTECEDENT CAUSES

injury or complication which coused death.)

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not meon the mode of dying, e.g.,

DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

П

that (1) (we) last sow the deceased olive an

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

11-1-1967

20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.)

MEDICAL 21 D. TIME (Month) (Doy) (Year) OF INJURY

(Hour) 21 E. INJURY OCCURRED While At Not While Work At Work

21 F. HOW DID INJURY OCCUR?

(APPROX.)

22. I certify that (4) (this haspital) attended the deceased from

and that in (my) (pur) apinlan death accurred an the date

ADDRESS

and hour and fram the causes stated above. (1) (We) (did) (did not) view the bady after death.

23A. SIGNATURE

M.D Attending Phys. 23D. ADDRESS

BALTIMORE

Stoff Phys. Med. Director

BALTIMORE 21224. MD.

(If in Boltimore City, give exact location)

23C. PHYSICIAN'S

J. LA SURE DR. RAYMOND

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

CITY HOSPITALS 4940 EASTERN AVENUE (City, town, or county)

23B. DATE SIGNED

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial

25A. DATE REC'D BY HEALTH DEPT.

Parkwood 25B. NAME OF REGISTRAR

Baltimore, Maryland 25C. FUNERAL DIRECTOR

Lilly & Zeiler Inc. 1901-07 Eastern Ave.

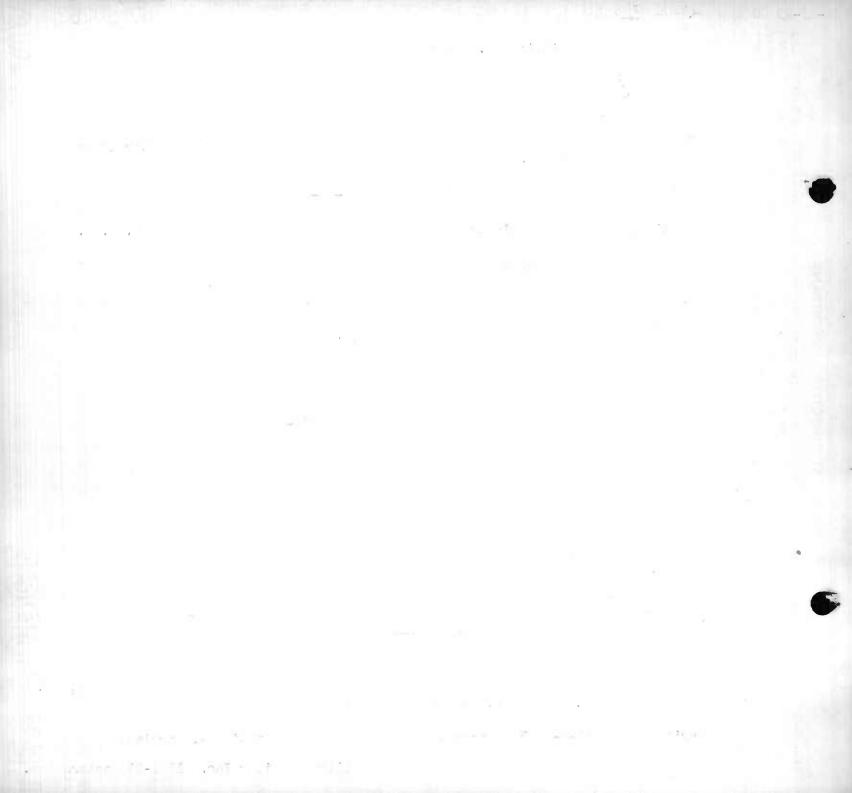
VS 150-REV. 1/1/65

any 0 hospital accident O at An Ö

(5) where hospital ° nature: 3 9 (except and 3 eat ō 10

prior

DIRECTOR: physician the remains MOS medical FUNERAL physician before obtained must approval ased the body shows: 0 SD 3 O



IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission (If outside city limits, write MURAL and give If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (aur) apinian death accurred an the date 23 B, DATE SIGNED, City, town, or county) ADDRESS

- 40M

BAFTEFIE VIRGINIA VIRGINIA - TENNER ATTE

Math attack

W-5	24 0	7 1000	BALTIMORE CITY	HEALTH DEPARTMENT		67 10295
BIRTH NO.	0	/ LUZ	SO CERTIFICA	TE OF DEATH	Registered No	07 320700
M.E. CASE NO.  I. NAME OF DE Type or Print)			WEITZEL	2. DATE A	ND HOUR OF DEATH	1 -1 - A
PLACE OF DI	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Who	ero doceased lived. If in	stitution: residence before admission
FULL NAME	OF (If not in hospital	or institution.	give street	MARYLANS		
HOSPITAL OR	oddress or locotio	n)		C. CITY OR TOWN (II or		(URAL and give township)
- 0	2416 E.FI	PYETTE	- 57.	GALTIMO		0 0
00				D. STREET ADDRESS (1)	FAYETTE	St.
SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
1	$\omega$		RRIED	3-3-1893	74	
	CUPATION (Give kind of wor I working lile, even if retired)	.1		11. BIRTHPLACE (State or for	eign country)	12, CITIZEN OF WHAT COUNTRY?
400	SEWIFE	Ho	ME			U.S.A.
FATHER'S NA				14. MOTHER'S MAIDEN NA	1 .	
	MUEL DAV		11		MEDGA	
es, no or unknow	d Ever in U. S. Armod Fo.	es of service)	16. SOCIAL SECURITY NO. 21754 2053	17. INFORMANT Afr. Blvin L. &	Huven - 5532	ashbourne Rd.
18.	3 V I		CAUSE O	DEATH	1	INTERVAL BETWEEN
DISEA	SE OR CONDITION DE	RECTLY	(.b.	- contris o Xe	and tall	ONSET AND DEATH
/TL:- /	LEADING TO DEATH	1 .	(A)	11000000	or of Jaca	····
heart failure	not meon the mode of , osthenia, etc. It meons	the diseose,	DUE TO	0 11		
injury or co	mplication which coused		C4	5. Husette	nin	
	ANTECEDENT CAUSES		DUE TO	11/1		
	OR CONDITIONS, if he obove couse (A)		161	" (Ititens	cluis -	
	IG CONDITION lost.	sioning me	(C)			
	- 11					
	DEATH BUT NOT RELA					
DISEASE OF	CONDITION CAUSING	IT.			`	
19A. DATE O	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yos & N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21 A. ACCID	ENT, WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Soltimore	City, give exect location)
OR CONTRIB	SUTING CAUSE OF y modical examinar	hom etc.	io, lorm, foctory, stroot, ol	fice bldg., INJURY OCCUR?		sally, give exect totalions
21 D. TIME OF INJURY	(Month) (Day) (Your)	IHour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Wh	ile At Not While			
22 1	y that (I) (this hospita			Dot 2	19/2/ 10 00	d- 26 1067
			1	19( ) ond t	Gil	
	lost sow the decease		0		//	nion deoth occurred on the do
	, ////	ted obove. (1	(West (Stid) (did not) v	iew the bady ofter death.	100	1
23A. SIGNAL	IN EIDE	1221	M.D. Atto	mding Mod. Diroctor	Stoll Phys.	(Dax 30-6)
23 C. PHYSICI NAME 1	AN'S VyRol	1	1-5	23D. ADDRESS	Mioton (	Jee .
(A BURLAL CO	WWW 34 SAT	100	YE / M.D.	1361100	account C	
REMOVAL	(Spocify)	2	AME of CEMETERY or CRE	0	TOCATION (C)	ty, town, or county) (Stoto)
BURIN			LTO. NATIONA	L CEM.	SOALTO, , Y	12.
5A. DATE REC'	D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	250 PUNERAL DIRECTO	R	O I ADDRESS DOT
UU	1 20 lapt (197	Jew E.	MadeyMil	Wartley M	May - 2334	Jefferson &.
\$ 150-REV. 1/1	/65		4-17-01-01		<b>(</b> )	0 . 1

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11-1	400		BALTIMORE CITY				com	10000	
BIRTH NO.	67	1029	6 CERTIFICA	TE OF DE	HTA	Registered No	. 67	10296	)
NAME OF DE						D HOUR OF DEAT	н		
Type or Print)		Edmand M	cKinley, JR.			er 28, 196		10:25	P
PLACE OF DI	EATH IN BALTIMORE, M	ARYLAND	CUTITEA OK	4. USUAL RESID	ENCE (When	e deceased lived, If	institution: resi		1.4
				A. STATE	B. COUN	TY			
FULL NAME			give stieet	Maryla					
INSTITUTION	Veterans Adm		ion Hospital	C. CITY OR TOV		side city limits writ	e RURAL ond	give township)	
	3900 Loch Ra		-	Baltin		4-	6-1	AND SERVED	
27	Baltimore, M			D. STREET ADD		rural, give location)			199
91/					Oudley				
SEX	6. RACE	7. MARRIED, WIDOWE	NEVER MARRIED  D, DIVORCED (specily)	B. DATE OF BIRT		9. AGE (In years lost birthday)	)f Under Months; C	Ooys Hours	er 24 Hrs Min,
Male	White		ried	3/28/26		41			
			BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei	gn country)	12. CITIZE	N OF COUNTRY?	
Fire Mar	f working life, even if retired) a		Bept UNemploy	ed Pe	ennslyv	ania		S.A.	
FATHER'S NA		- LL V	-ope onemproj	14, MOTHER'S M					-3
M									
Edmond I	Iall Siz.			Mary Cre	JWE				
es, no or unknow	d Ever in U. S. Armed Forn) (II yes, give wor or do	orces? tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Re	cords	-	ADDRESS	
Yes	6/27/44 to		214-20-6200	Veterans	-1	stration H	ospital	Balto	. Md
1B. / /	/ V 1	1 11 17 3		homatosis	-			TERVAL BETY	
DISE	ASE OR CONDITION D	IDECTI V	_				0	NSET AND D	EATH
	LEADING TO DEATH			noma of nu	rsebuar	ynx			
	not meon the made a								
	, osthenio, etc. II mean implication which cause								
injuly of co			(8)						
	ANTECEDENT CAUSE		DUE TO	***********************		***************************************			
	OR CONDITIONS, if he abave cause (A)		16)				1 1		
	IG CONDITION lost.	, starting the	(0)						
	- 11								
	NIFICANT CONDITIONS								
DISEASE OF	DEATH BUT NOT REL R CONDITION CAUSING	LATED TO TH	3						
		NDITION FOR	WHICH OPERATION	20A. AUTOPS	? (Yes or No	IN CERTIFYING	E FINDINGS C	ONSIDERED	
	WAS PE	KPOKMED		No		IN CERTIFIED C	AUSES OF DE	AIR!	
21 A. ACCID	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	n or obout 21 C. WI	HERE DID	flf in Boltim	ore City, give	exact location)	
DEATH (notif	fy medical examiner)	etc.	ne, lorm, foctory, street, o	mee biog., INJURY	OCCOR!				
21D. TIME	(Month) (Doy) (Year	Hour) 21F	INJURY OCCURRED	21F. HO	W DID IN	URY OCCUR?			
2 OF HAJORI	,		ile At Not Whi						
(APPROX.)		Wo							
22. 1 certif	y that M (this hospite	al) attended t	he deceased framS	eptember	1	19 67 to Oct	ober 28	19	67
			October 28,						
							r.mon death	Seconed di	
		area abave. (	(Me) (qid) (如亞巴姆	view the bady of	mer deoth.		208 5490	SIGNICO	
23A. SIGNAT	1/1/1/1	1.11	1 11 110 11	ending M	ed —	Stoff	23B, DATE		
1/1/	un / celli	n pre 1/0	M.D. All	's. D	ed. irector	Phys. X	10-	29-67	
23 PHYSICI		1	1	23D. ADDRESS					
	r V.J. Berges		M.D.	3900 Lo	ch Rave	n Blvd. Ba	lto. Md	. 21218	
4A. BURIAL CR	EMATION, 24B. DATE	24C, N	AME of CEMETERY OF CR	EMATORY	24D. L	OCATION	City, town, or	county)	(Stote)
REMOVAL	(Specify)				3	>	h A .	,.	
BURIAL	11. 9.		ILTO. NATIONA	•	0	DALTO.,	MD.		
5A. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERA	L DIRECTOR	0.0		ADDRESS	C.
	1 3 0 1301 OC	obel -		John	a. Mis	My 23	32-349	Pellerson	. रा.
20. 40							- 1	1 1 1	

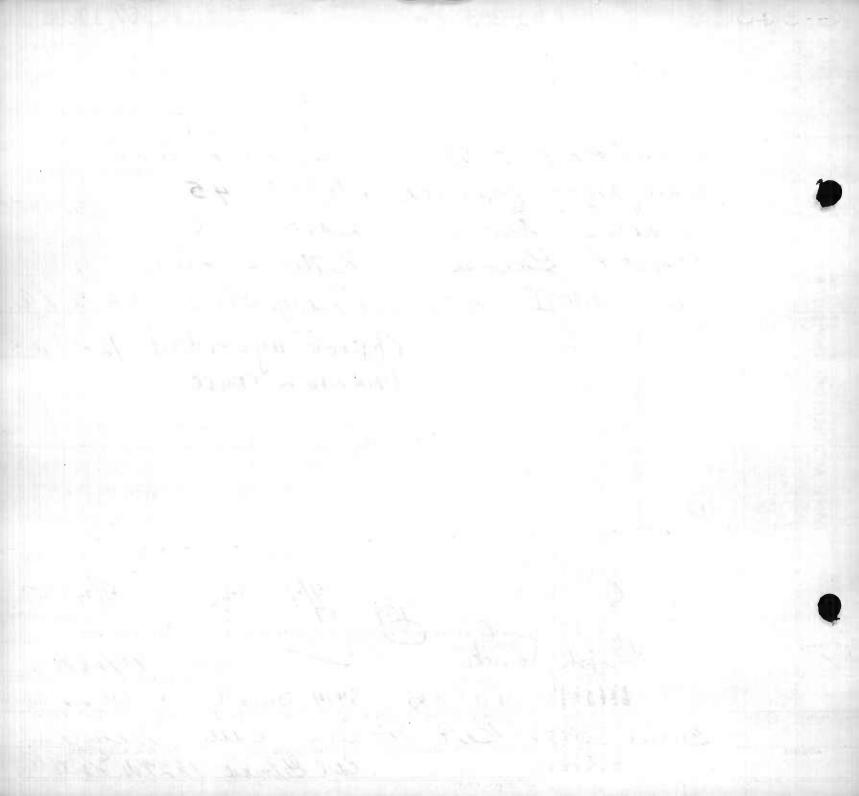
, , 20 Co. 3 A section of the sect 1-2-2-2-1 i e 

43191-8-1 Massina SCHOOL I HOUSE LEADY BLACK ELIZABETH MOORE BIRD My Colony & Blood- 209 W. Tilliam

11-1-67 BAID DAMED BAIL BAILED , MID

- March - Dept - Devel

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hospital

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.Em 25C. FUNERAL DIRECTO

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

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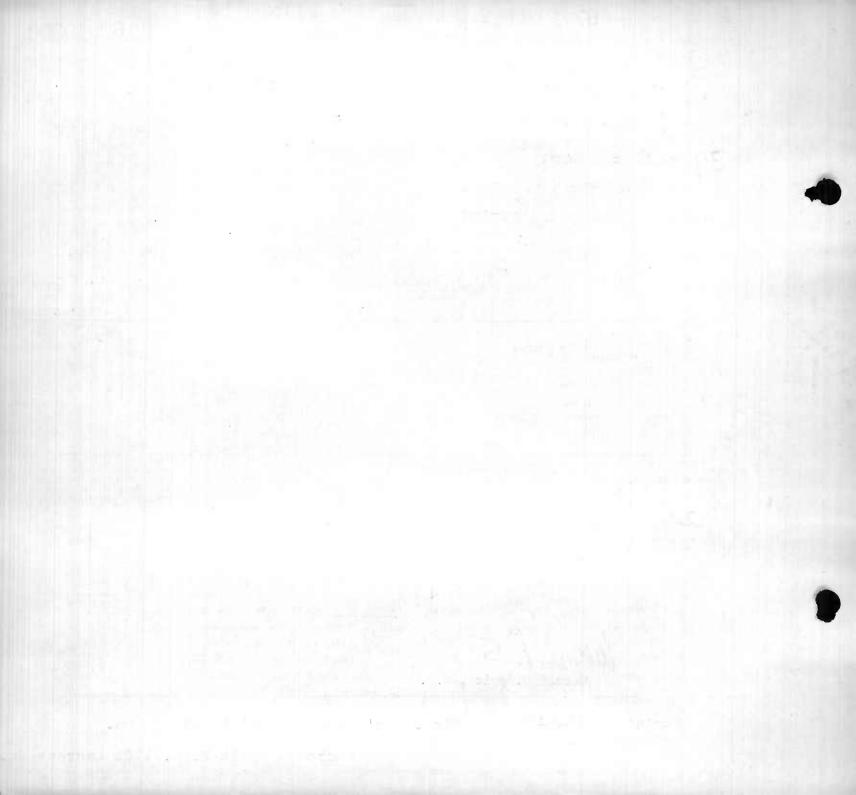
Brown and the state of the state of the

m -600 BIRTH NO.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10300

THE LMA THOMPSON MOORE  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Baltimore. Maryland. C. CITY OR TOWN  Baltimore. Baltimore. Maryland. C. CITY OR TOWN  Baltimore. C. C	(II outside corporate limits ewrite RURAL and give township)
THELMA THOMPSON MOORE  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND, WHERE PRONOUNCED DEAD  A. USUAL RESIDENCE. MARYLAND, C. CITY OR TOWN  Baltimore  D. STREET ADDRESS 2846 Par  5. SEX [6. RACE [7. MARRIED, NEVER MARRIED] 8. DATE OF BIRTH	CE (Where deceased lived, If institution: residence before admission of the country of the count
A. USUAL RESIDENCE A. STATE  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLANG, WHERE PRONOUNCED DEAD  A. STATE  Marylang C. CITY OR TOWN  Baltimos D. STREET ADDRESS 2846 Par  S. SEX 6. RACE [7. MARRIED, NEVER MARRIED]  8. DATE OF BIRTH	CE (Where deceased lived, If institution: residence before admission of the country of the count
Provident Hospital  SEX 6. RACE [7. MARRIED, NEVER MARRIED]  C. CITY OR TOWN  Baltimor  D. STREET ADDRESS  2846 Par	(II outside corporate limits, write RURAL and give township)  Ore  S (II rural, give location)  TRWOOD Avenue  9. AGE (In years   If Under 1 Yr, II Under 24 H
Provident Hospital  D. STREET ADDRESS  2846 Par  SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH	S (II rurol, give locotion)  .rkwood Avenue  9. AGE (In years   If Under 1 Yr, II Under 24 H
	9. AGE (In years   If Under 1 Yr. II Under 24 H
	- I lost birthdoyl   Months, Days, House Adin
Female Negro Married 4-13-16	929 38
A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (Store ne during most of working life, even if relired)  Nursing Kome BALL	te or foreign country)  12. CITIZEN OF WHAT COUNTRY?  4. SA.
FATHER'S NAME  Arthur Banks Thompson  Was deceased ever in u.s. armed forces? 16. social 17. informant	PRA Thompson
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Moore 2846 PARKWOOD
18. 2 9 2 . 6	INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	onst and stand
LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	l arease
injury or complication which coused death.)	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	es of No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNING CAUSE OF DEATH.  218. PLACE OF INJURY (e.g., in or obout 21C. WHEF home, form, loctory, street, office bidg., INJURY OC etc.)	RE DID (II in Bultimore City, give exact location) CCUR?
	DID INJURY OCCUR?
22. I certify that I held an Inquiry Inspection Autopsy X and the	not an this basis, death in my opinlan
resulted from: Natural causes Accident Suicide Hamicide	Undetermined manner
ACTUAL ///// O / S /	ICAL EXAMINER X
	ICAL EXAMINER
A, BURIAL CREMATION, 23B DATE 23C NAME of CEMETERY of CREMATORY	23D. LOCATION (City, town, or county) (Stote)
Burial 11-1-67 Balto. Nat'l Cem	Baltimore Md.
4A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL E MORTON	& Dyett F. H. 1701 Laurens
S 151-REV. 1/1/65	

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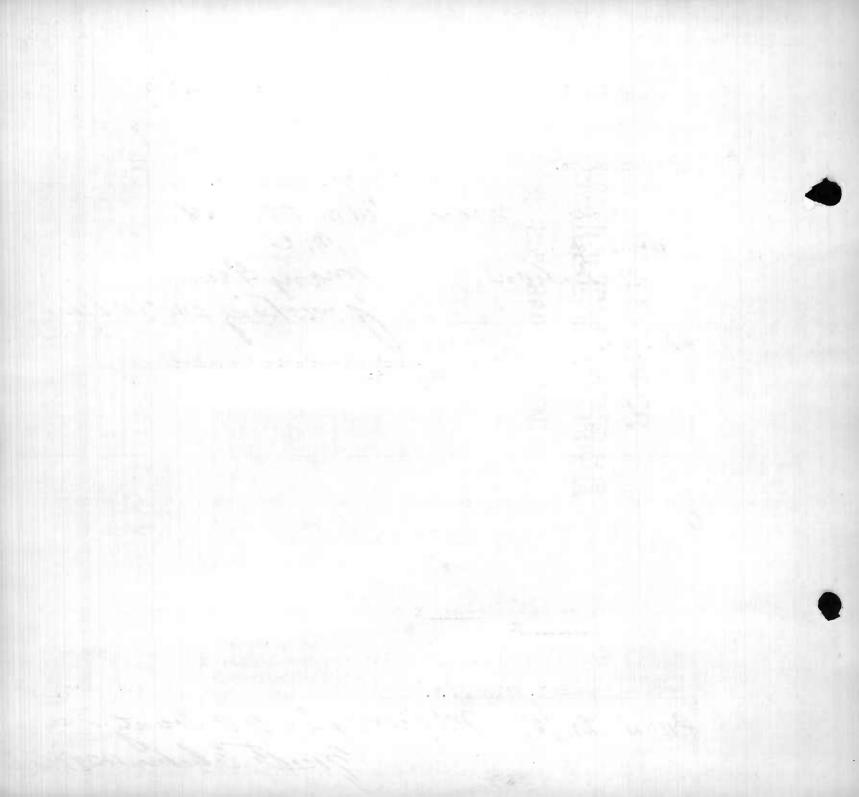
	OM	BALTIMORE	CITY HEALTH DEPARTMENT		67 10301
BIRTH NO.	0/	LUSUL CERTIF	ICATE OF DEATH	Registered Na	0, 70001
M.E. CASE NO.  1. NAME OF DEC  Type or Print)	FASED	id moore	2. DATE AN	D HOUR OF DEATH	27-67
B. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where	e deceased lived. If ins	titution: residence before admissio
FULL NAME C	OF Alf not in hospital	or institution, give street	Barrino	ne	
HOSPITAL OR	oddress or location		C. CITY OR TOWN (If outs	side city limits, write RL	And and give township
	0. / 1	. I Hava tul			202
Smarys	and gener	al Hospitul	D. STREET ADDRESS 312	tural dix docation)	21217
SEX	6. RACE	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (speci	(y) 8. DATE OF BIRTH	9. AGE (In years lost birthday) 67	If Under 1 Yr. If Under 24 H
	warking fite, even if retired)		USTRY 11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME Benja	man. Moore	14. MOTHER'S MAIDEN NAM	ΛE	
	Ever in U. S. Armed Fore		17. INFORMANT Le 180		ADDRESS
18. 1/1/	2 1/1	CAL	JSE OF DEATH		INTERVAL BETWEEN
DISEASES (Tisse to the UNDERLYING)  OTHER SIGNITO THE D	asthenia, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, it is above cause (A) is CONDITION lost.  II  IFICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING IT	death.)  (B)  DUE To any, giving stating the (C)  ONTRIBUTING TED TO THE	grand actions	securis	#Fad
		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBLE DEATH (notify	NT WAS UNDERLYING DING CAUSE OF medical examiner	21B. PLACE OF INJURY home, larm, factory, str	(e.g., in ar about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	While At No	21 F. HOW DID INJU	JRY OCCUR?	
22. I certify	that (1) (this hospital	attended the deceased from	10 -25	962 10	10-27 1965
that (1) (we)	ast saw the decease	d olive an 101-2	7 19 67 and the	ot in (my) (our) opin	ion death accurred on the d
and haur and	d fram the causes stat	ed abave. (1) (We) (did) (did	nat) view the body after death.		
23A. SIGNATU	Cysus ma	Jean-		S. (1)	23 B. DATE SIGNED
		M.D	Phys. Director	Phys	10-27-67
23C. PHYSICIA NAME (T	ype) Cyrus.	Makoui	M.D. Marplu	nel for	Herry.
REMOVAL	MATION, 248. DATE Specify) 10-31-	6 1 MT Auhu	ol CREMATORY 24D 10	CATION (City	, tawn, ar caunty) (State)
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		h 0 7.0	· Mantant	D. 11 /	701 / n. DI-n



Jane Jane 1 Bultoner C. Johns Hopkins Hespital 117 Balkeno Ave 3 /11 10 W Married Albert Green Rebecca Williams Unkararan Preumonia lan lange Foodrageal Ca 196/2/13/12 c1 (9/30/01 Po E3/35/01 X Albert 13. EINSTEIN, Jr. Johns Hopkins Hospital

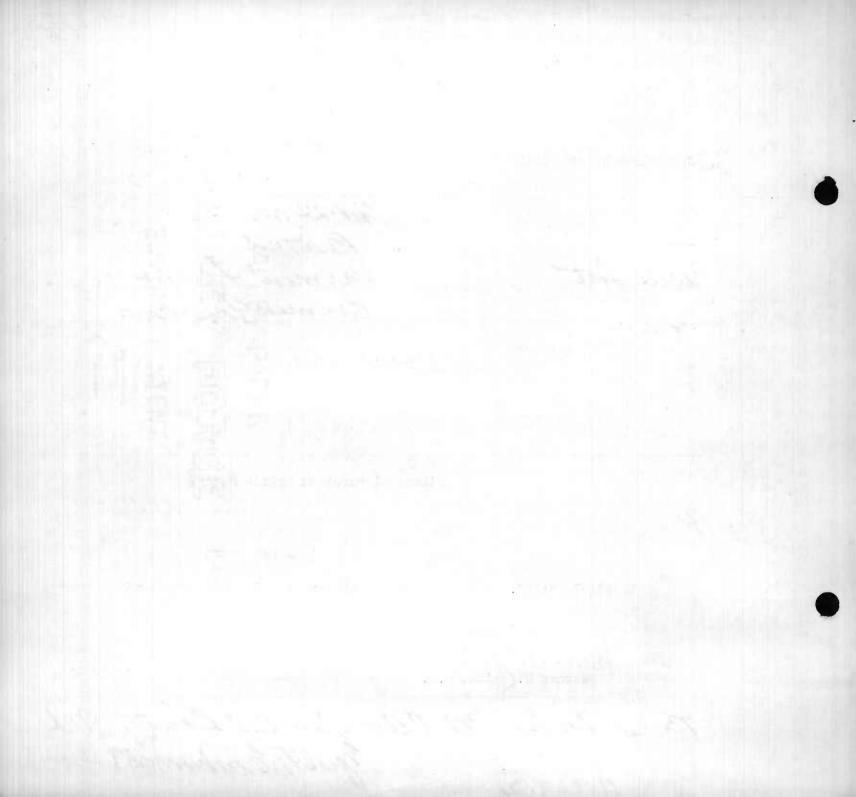
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BIRTH NO.	MED	ICAL EXAMINER'S C	LEKTIFICA !	I E OF L	EAIH Registe	ered Na.	0000
M.E. CASE NO.							
Typo or Print)	CEASED			2. DATE AND	HOUR PRONOUNC	ED DEAD	
	ESSIE KING			Oct	ober 27, 1	967   9	:30а м.
PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE			titution; residence befor	e odmission)
ULL NAME OF IOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		WN (If outside		e AURAL ond give tow	vn s hip)
1628	Harford Ave.		D. STREET ADD	RESS (If rurol,	Baltimore give locotion)	1000	1
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRT	Harford	9. AGE (In years lost birthdoy)	If Under 1 Yr. If U Months   Doys   Ho	
Female	Colored	Widne	tet 12-	1899	68		1
	UPATION (Give kind of wor working life, even Higelined)  HUSOUS WO	NOB. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF WHAT COUNTR	lY?
FATHER'S NAM			14. MOTHER'S M	AIDEN NAME	10		
	unkno	UNW)	ma	ne 1 8	Triese.		
	ED EVER IN U.S. ARMED		17. INFORMANT		000	ADDRESS 7	L W.
18.	I SE OR CONDITION DI	CAUS	SE OF DEATH	O Ne	1 240		BETWEEN ND DEATH
(This does	LEADING TO DEATH not meen the mode of , osthonio, otc. It meens	dying e.g., dying e.g., the diseose, xxxxx I	riosclerot Disease	ic Card:	iovascular		
injury or cor	mplication which coused						
DISEASES	OR CONDITIONS, IF A	NY, GIVING (8)	******************************				
UNDERLYIN	NG CONDITION LAST.	TATING THE					
5	- 1	10/					
TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE					
16.6	F OPERATION 198, CON WAS PER	IDITION FOR WHICH OPERATION			208. IF YES, WERE FI	NDINGS CONSIDERED	>
UTING CAU	CAUSE WAS OR CONTRIB-	218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in a obout 21C. V office bldg., INJURY	VHERE DID	f in Boltimore City, g	ive exoct location)	
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yoo	WHILE AT   NOT	WHILE WORK	DINI DID WO	RY OCCUR?		
22.	tify that I held an I	nquiryInspection X Au	utapsy and	d that an thi	s basis, death In	my apinlan	
resul	Ited fram: <u>Natural ca</u>	uses 🛚 Accident 🗌 Suicid	de 🗌 Hamici	de U	ndetermined mann	er	
ACTUA		I wilso	CHIEF M	EDICAL EX		DATE	SIGNED
EXAMIN NAME (	NER'S	F. Wilson, M.D.	ASSOCIATE M			October_2	27. 19
A. BURIAL CRE	MATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY	23 D. LC	CATION (City	, town, or county)	(Stote)
4A. DATE REC'D	BY HEALTH DEPT.	248 NAME OF REGISTRAR	J. FUNER	AL DIRECTOR	.4 0	ADDRESS	
	OCT 3 0 1967	R. C. B. E. Farluns	The	all	Elect	See 1129	In Con
'S 151-REV. 1/1/	/65		//	1	3		



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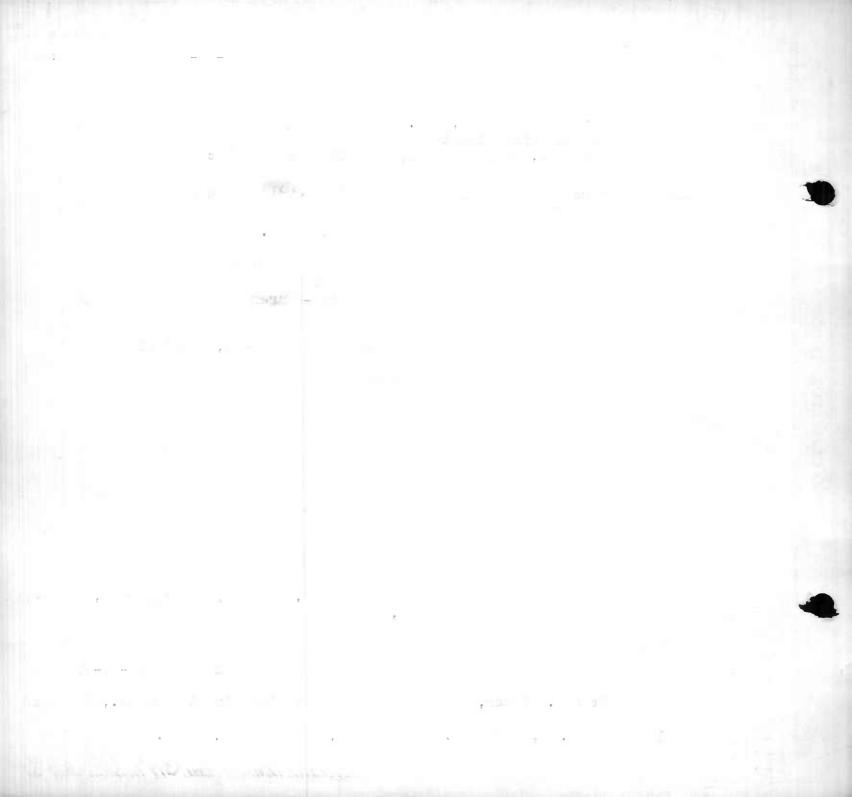
IRTH NO. 66-02562	MEDICAL EX	(AMINER'S CI	ERTIFICATE OF DI	EATH Registered No	
A.E. CASE NO.					
NAME OF DECEASED			2. DATE AND	HOUR PRONOUNCED DE	AD
DONALD		LOTT	Octobe	r 28, 1967	1:40 A. M.
PLACE IN BALTIMORE, MARY	LAND, WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where do	coosed lived. If institution:	residence bolore admission)
ULL NAME OF (IF NOT II	N HOSPITAL OR INSTITU	ITION CIVE STREET	Maryland		X
IOSPITAL OR ADDRESS	OR LOCATION)	SHOW, GIVE STREET	C. CITY OR TOWN (If outside of	corporate limits, write RURA	L and give township)
2			Baltimore	~ ~	-101
Johns Hopkins	Hospital		D. STREET ADDRESS (If rurol, gi	ve location)	
			1422 May Cour	t	,
. SEX 6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		ndor 1 Yr. If Under 24 Hrs. ths, Days , Hours , Min.
Male Negro			Febr 22 1961	11/2	
OA. USUAL OCCUPATION (Give		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Syste or foreign		TIZEN OF
one during most of working life, ever	it rettred;		Meland		IIAI COUNTRI:
B. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	1	
Gessie Lot	t		Carmend	free ma	en
S. WAS DECEASED EVER IN U.	S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	ADDI	RESS
es, no or unknown, at yes, give t	war or dotos of servicor	SECURITY NO.	( A 4 mages)	toursen-	
118.		CALLSE	OF DEATH	Juirnas	INTERVAL BETWEEN
E 902,01		CAUSE	OI DEATH		ONSET AND DEATH
DISEASE OR COND LEADING T					
(This does not meon the	mode of dying e.g.,	(A) Mult	iple Injuries		
heart failura, asthenia, atc. injury or complication which	h coused death.)				
ANTECEDENT	CAUSES				
DISEASES OR CONDITION	ONS, IF ANY, GIVING	(B)		***************************************	
RISE TO THE ABOVE CAL					
2		(C)			
	CONTRIBUTION	10			
TO THE DEATH BUT	NOT RELATED TO T	HE Bilatera	1 Purulent Otitis	Media	
DISEASE OR CONDITION		WUICH OPENATION	LOOA AUTOROVO (V	D IN VER THEN SING	C COLUMN TREE
DISA. DATE OF OPERATION	WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	CERTIFYING CAUSES OF	DEATH?
21 A, EXTERNAL, CAUSE WA	\$  21R.	PLACE OF INJURY (e.g.	Yes	in Baltimare City give area	Yes Yes
UNDERLYING OF CONTRIB	- home	, farm, foctory, straat, a	lfice bldg., INJURY OCCUR?		1 1000110111
5		Home	1422 May		-91
OF INJURY (Month) (D		1E, INJURY OCCURRED	21F, HOW DID INJURY	OCCUR?	
(APPROX.) 10/28/6	67 9:10P. m.	VORK NOT NOT W	WHILE XX Supposedly	fell from cha	ir
22, 1 certify that 1 he	ld an Inquiry	Inspection Aut	opsXXX and that on this	basis, death in my apir	nlan
	_	sccident X Suicide			
A A	indial cooses	Soleta	CHIEF MEDICAL EXA		
ACTUAL ///	0 - 0- 1 50	-6			DATE SIGNED
SIGNATURE_/UL	non him		ASSISTANT MEDICAL EXA		10/28/67
EXAMINER'S NAME (Type)	Verner U. Spi	.tz, M.D.	ASSOCIATE MEDICAL EXA	MINER	10/20/07
3A. BURIAL CREMATION, 238	DATE 23	C. NAME of CEMETERY o	CREMATORY 23D. LOC	CATION (City, town,	or county) (Stote)
EMOVAL (Specify)	nou/12	Int MID	- 1. A	1111	- oml
4A. DATE REC'D BY HEALTH D	DEPT. 124B. NAME	OF REGISTRAR	24% FUNERAL DIRECTOR	1 Louis	ADDRESS
		4 44 6	0. 100	1	non Mr. n.d
OCT 3 (	1967 1 0	F. E. Starbeufil	Maly 1, 70	Report 112	y / Millery
'S 151-REV. 1/1/65			0 - 12	7.00	1



Mas

10306 CERTIFICATE OF DEATH Registered Na.\_ RIPTH NO. M.E. CASE NO. 2:42 P 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission)
A. STATE
B. COUNTY (Il outside city limits, write RURAL and give tow ship) fl Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS SAME INTERVAL BETWEEN ONSET AND DEATH Possible Ca of lungs, terminal 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact tocation) 22. I certify that (I) (this haspital) attended the deceased from October 27. 19.67 and that in(my) (aur) opinion deoth accurred an the date 23B, DATE SIGNED 10-27-67 Balto., Maryland (City, town, or county) Oct.31,1967 Mt. Auburn Cem.

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

to dispersion appropriate and the

R-2	00		BALTIMORE CITY	HEALTH DEPARTMENT		67 10000
BIRTH NO.	67	10308	CERTIFICA	TE OF DEATH	Registered No.	01 10308
A.E. CASE NO.	EASED	JODOJ.	,		D HOUR OF DEATH	
ype or Print)	BERT	AC. Ro	055	11	127/67	10:15 A
PLACE OF DEA	TH IN BALTIMORE MA	ARYLAND	36	4. USUAL RESIDENCE (When	deceosyd lived. If in	stitution: residence before odmission
					ΛΥ /-	
HOSPITAL OR	F (If not in hospital oddress or location		give street	MARYLAND C. CITY OR TOWN (If our	side city limits, write	RURAL ond give township
INSTITUTION		13		BALTO.		21-4
42	SINAI	HOSP	Τ.		rurol, give location)	
701				5410 LOT	HIAN R	O.
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BURTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
FEMALE	WHITE		D, DIVORCED (specify)	9/11/1896	lost birthdoy)	Months Doys Hours Min.
	JPATION (Give kind of wor		BUSINESS OR INDUSTRY	11. BIRTHPUACE (State or forei	gn country)	12. CITIZEN OF
11	working lile, even if retired)	Chan	Home	DOVANIE DE		WHAT COUNTRY?
FATHERS NAM	T . 122	0 0010	110712	14. MOTHER'S MAIDEN NA	M.F.	W.S. M.
		100	. /	11		
W B		LHC	Y	UNKNOWN		
es, no or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.	17. INFORMANT	0	ADDRESS
No			215-07-1416	MARTIN F.	16058	HBOVE
18. 204	4.31		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION DI		×.	,		ONSEL AND DEATH
	LEADING TO DEATH		\^/	CUTE LEUKEMI	A	Smonths
	ial meon the mode of asthenia, etc. It means		DUE TO			
	aplication which coused					
	ANTECEDENT CAUSES	S	(B)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	************************************
	OR CONDITIONS, if		001.0			
	a bove cause (A) G CONDITION lost.	stating the	(C)			
ONDERETHIN	11					
OTHER SIGNI	FICANT CONDITIONS (	CONTRIBUTIN	G			
I TO THE D	EATH BUT NOT RELA	ATED TO TH				
19A. DATE OF	OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
2)	WAS PER	RFORMED		YES	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING			n or obout 21 C. WHERE DID	(If in Baltimor	e City, give exact location)
DEATH (notily	medical examiner	etc.		ffice bldg., INJURY OCCUR?		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY			ite At Not Whil		on occor.	, /
(APPROX.)		Wo	rk At Work	1//		1-42
22. I certify	that (1) (this hospita	l) ottended t		1/19/6/	19 to 10	/ > // 6 / 19 19
that (1) (we)	lost sow the decease	ed olive on	10/27/67	ond th	ot in (my) (our) opi	nion death occurred on the d
			/ /	riew the body ofter death.		
23A. SIGNATU			nh I			23B. DATE SIGNED
Ku	what to Una	an Vion	M.D. Atte	ending Med. Director	Stoff [	10/20/19
23 C. PHYSICIA	N'S	were		23 D. ADDRESS	Phys.	10/0/1/0/
NAME (T	ype)			( )/	- 1	115.00
K	ONALD DC	HACHAI	8 M.D. M.D.	SINAI HOSYI	TAL OF 13	ALTITORE
REMOVAL	MATION, 24B. DATE Specily)	24C. N	AME of CEMETERY of CRI	EMATORY 24D. L	OCATION (C	ity, lown, or county) (State
Intombme		-67 Mo	reland Memo	rial Ba	ltimore C	o. Md.
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
OCT 3	0 1967 P.D.	P. 3 d.	On heur A.D	H.W.Jenkins	& Sons C	o.4905 York Rd
S 150-REV, 1/1/	65	4		0 (1		

DOMESTIC STREET

TIROH HAVIE

BALLES. SAIR LOTHIAN ICO

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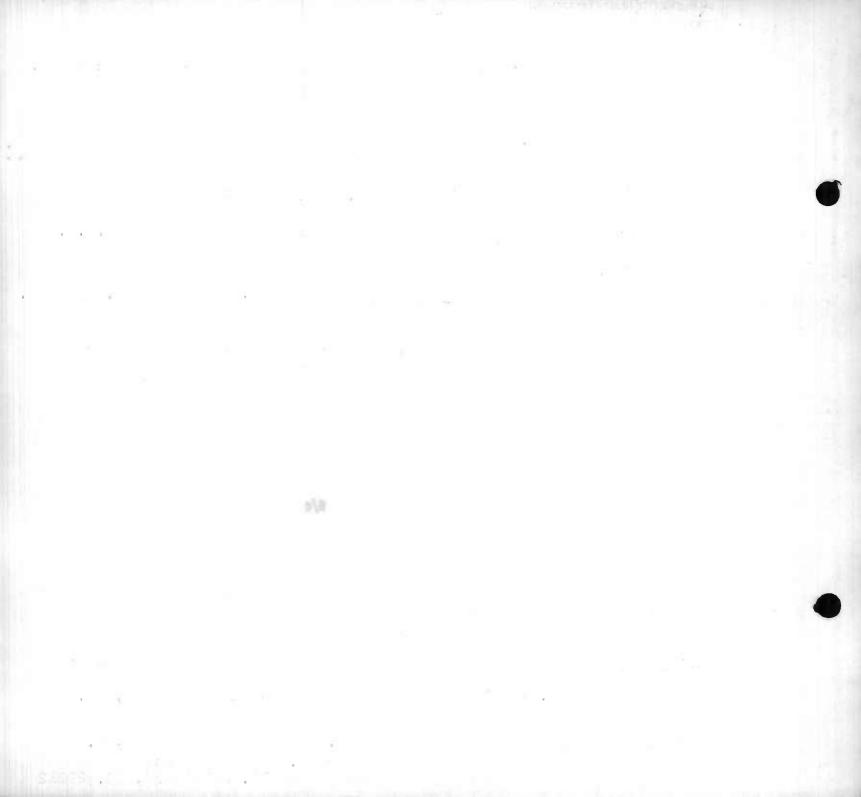
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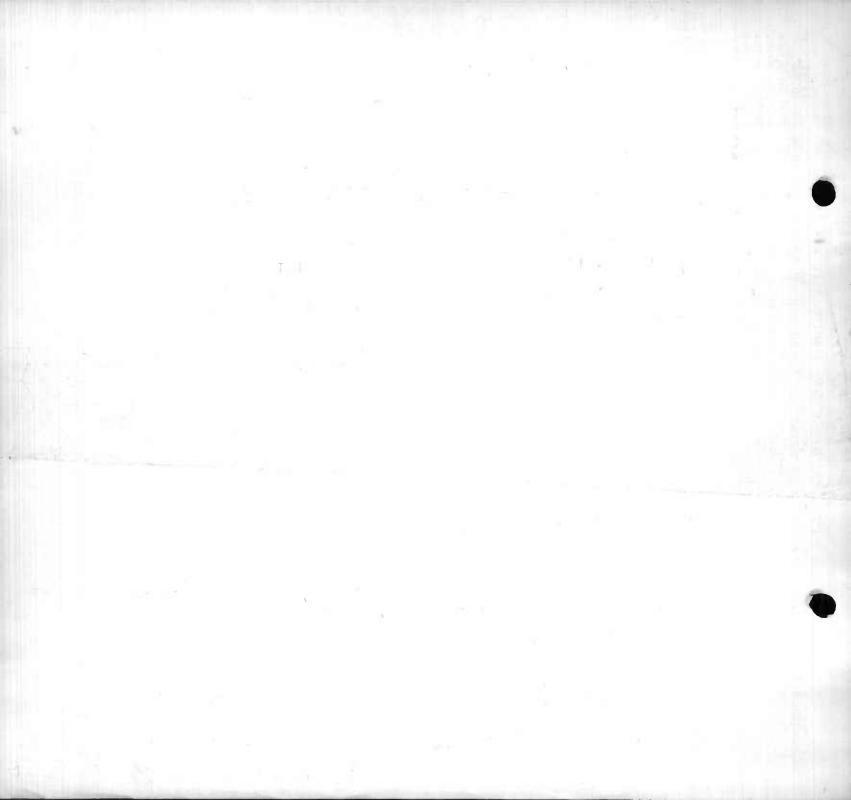
BIRTH NO.	10309 CERTIFICA	IE OF DEATH	Registered No.	67 10309
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Harriett	A. Teeple	Octo	ber 26,	1967   10:10 P. A
PLACE OF DEATH IN BALTIMORE, MARY	A. STATE B. COUNT	deceosed lived. It i Y	institution: residence before admission	
FULL NAME OF (If not in hospital or	Maryland			
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outs	ide city limits, write	RURAL and give township)
57.0 5		Baltimore		9-00
718 East 33rd		rol, give location)		
	718 East 33r			
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)			AGE (In years est birthday)	If Under 1 Yr. If Under 24 Hrs Months: Days Hours Min,
Female W.	Married	10/31/ 1896	70	
OA, USUAL OCCUPATION (Give kind of work ]		11. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
In a superior of working life, even if retired)	O II	O W 2-		
Housewife 3. FATHER'S NAME	Own Home	OWOSSO, Mich	igan	U.S.A.
		11/1/1		
Charles J. Mille: 5. Wos Deceased Eyer in U. S. Anned Force	r	Hermina He	rzog	
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (It yes, give wor or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	215-07-823:	-B Kenneth S	.TeebTe	718 E. 33rd St
18. 4/4/5 \	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTIV 2/	1 . 0		ONSET AND DEATH
LEADING TO DEATH	. Hopen	HARWY COTTE	1.21-10	I Nices
(This does not mean the made of d	lying, e.g., DUE AD	1/1 1000 2000	Contract Co	of Sucus
heart failure, asthenia, etc. It means the injury or camplication which caused d	ne disease,	(carry as	culary	
ANTECEDENT CAUSES	(B)			
	DUE TO	**************************************	THE STATE OF THE STATE STATE STATE AND ADDRESS OF THE STATE	**************************************
DISEASES OR CONDITIONS, if an	y, giving			
	tating the			
rise to the abave couse (A) s UNDERLYING CONDITION last.	stating the (C)			
UNDERLYING CONDITION last.	tating the (C)			
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UNDERLYING CONDITION lost.	NTRIBUTING			
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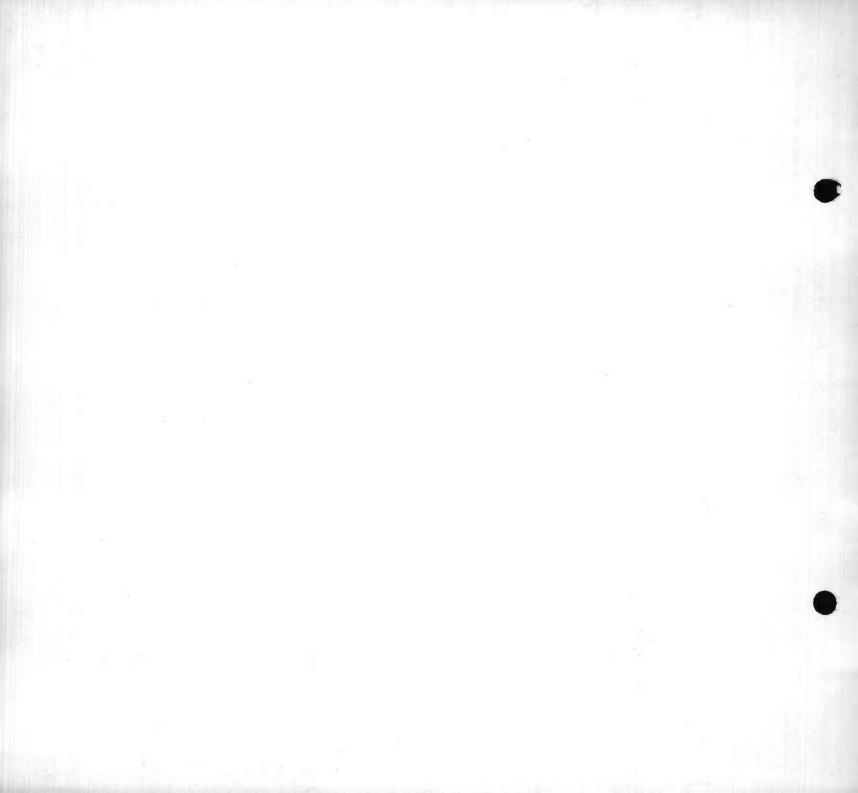
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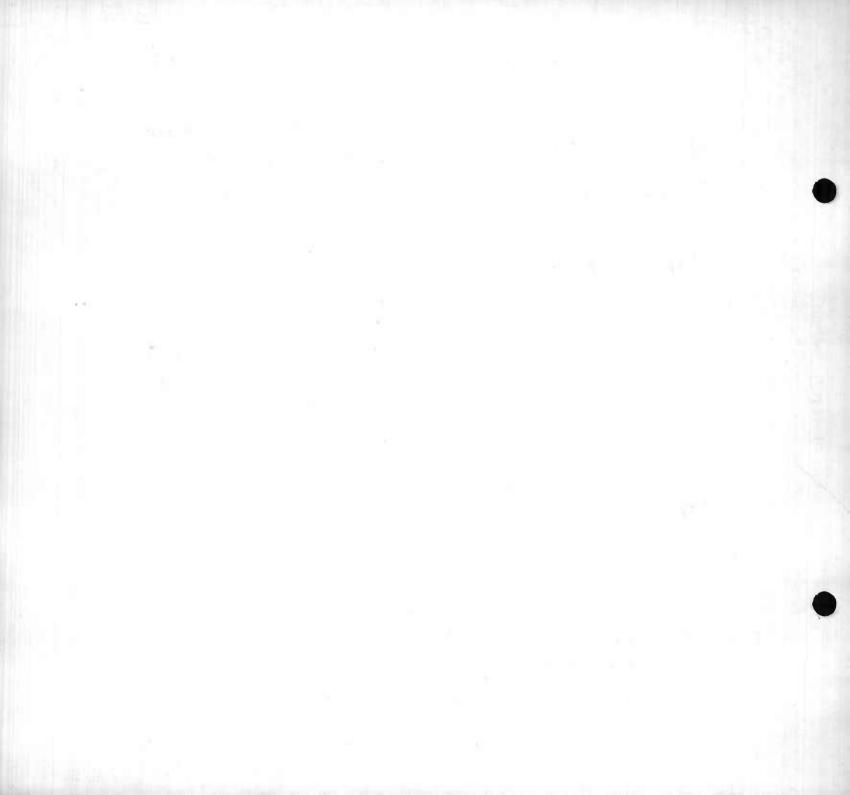






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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	PO S. P.	dp
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IRTH NO. 67 10	1942	TE OF DEATH	Registered Na.	2 63 10313
A.E. CASE NO.  NAME OF DECEASED  Typo or Print)	2		AND HOUR OF DEATH	\$5
Carley Mary	ane	10/	25/676/	Am
. PLACE OF DEATH IN BALTIMORE, MARTLAND		4. USUAL RESIDENCE (WI	here deceased lived. II in	stitution: residence before admis
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location)	mary/and		REMAL and give township)	
90 Carver Nursing Home 607 Pennsylvania Av			If rerol, give location	and
007 Fennsylvania Av	enue	4/0371. Howa	rd St.	
	RRIED, NEVER MARRIED OWED, DIVORCED (specily) Widower	8. DATE OF BIRTH 2/7/1883	9. AGE (In years lost birthday) 84485	II Under 1 Yr. II Undor 24 Months Days Hours Mi
OA. USUAL OCCUPATION Give kind of work 10B. KIN	ID OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or la		12. CITIZEN OF
one during most of working life, even il retired) House Wife		Baltimore,		WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Boom Coomich		Unkno	nwn	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	94.7	ADDRESS
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	214-56-894	MITITAL COM	nish 1714 Mo	reland Ave.
18. //	CAUSE	DE DEATH		INTERVAL BETWEEN
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(This does not mean the made of dying,	e.g., DUE TQ		1	
hearl failure, asthenia, etc. Il means the dis injury ar camplication which caused death.)	ease,	$\sim$ 1	1 2 1/1	
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	DUE TO		Marie	
DISEASES OR CONDITIONS, if any, g		Wad.K	11	
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OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		/		
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WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltimore	City, give exect location)
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, otc.)	office bldg., INJURY OCCUR?	ar in equinote	
21D. TIME (Month) (Doy) (Your) (Hour)	21E, INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
	Work At Work		1	
22. I certify that (1) (this haspital) attended	ded the deceased from	2-2-	19 66 to	10-20 196
that (I) (we) last sow the deceased olive	on 10-2	1967 and	that in (my) (our) opi	nian deoth occurred on the
ond hour and from the causes stated aba	no (I) (Mo) (qiq) (qiq ==+)			
23A. SIGNATURE	· ·· (·/ (·····) (did) (did not)	TION THE DUTY DITTER DEGIN	•	23B, DATE SIGNED
r.	AA D AA	tending Mod.	Staff	1 - 0 / / M
Dr. Maybell Wear	rer M.D. At	ys. Diroctor	Phys.	10-26-61
23C. PHYSICIAN'S NAME (Typo)	anes M.D.	194 H Dr	uid Hu	le are.
4A. BURIAL CREMATION, 124B, DATE 12	4C. NAME OF CEMETERY OF CE	PEMATORY 124D	LOCATION (Ci	ty, town, or county) (Sta
REMOVAL (Specily)				.,,, or coomy, (310
Burial 10-28-67	Mt. Auburn Come	25C FUNERAL DIRECTO	Baltimore, M	Maryland
	ME OF REGISTRAR	25C FUNERAL DIRECT	OR - O	ADDRESS
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OCT 3 0 1967 (R.C.	est E. Farley M.S.	MAILLA.	1 / 1/6/2	16 177772



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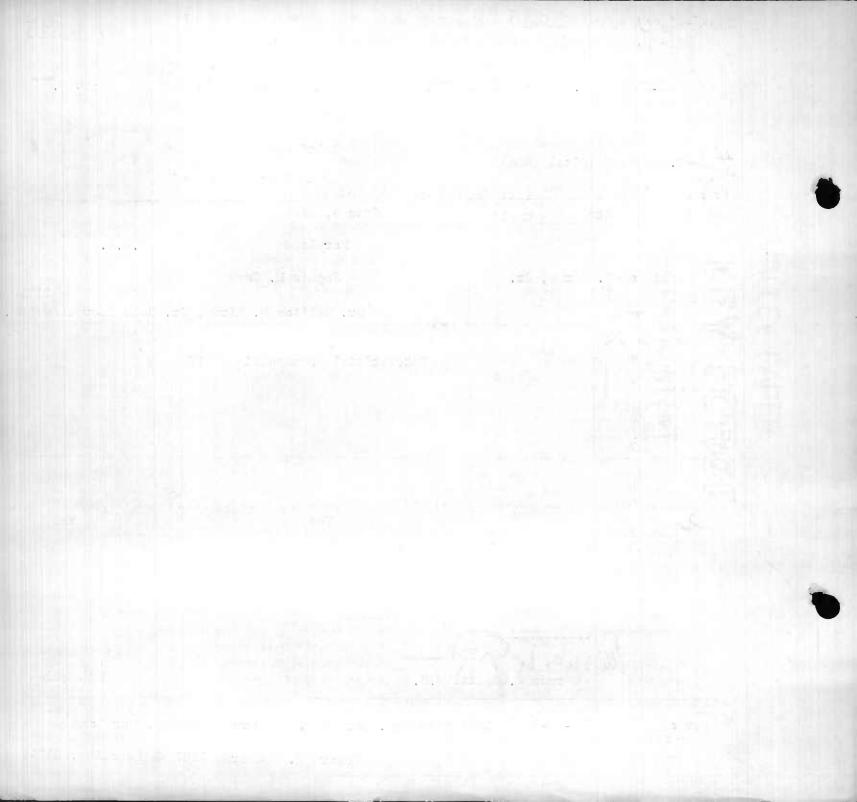
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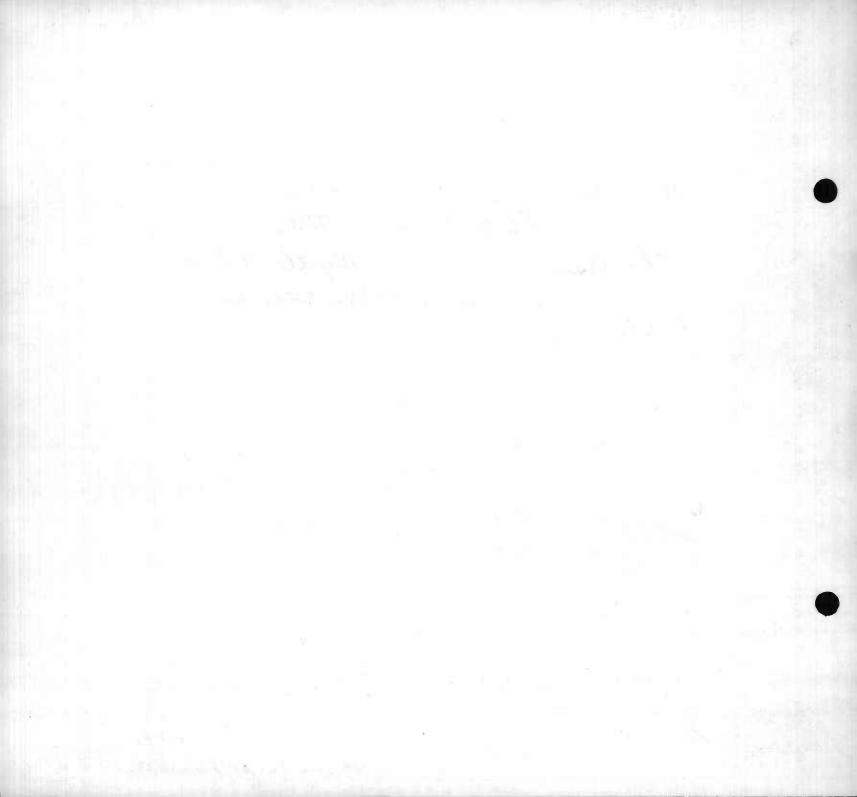
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K-61	0 67 10	)315 BAI	TIMORE CITY HEA	LTH DEPARTMENT			nm 40245
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o. ILAGE III DA	manically,	WILKE TROTTO OTT	o bene	A. STATE Maryland	B. CC	YTNUC	
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN (If ou	staide corporate limitation	ite RURAL ren	d give downshipl
NOITUTION				Baltimore		ines o	The same of the sa
St. A	gnes Hospital	(DOA)		D. STREET ADDRESS (If r	uiol, give location)		
99				3010 Geo	rgetown Road		
5. SEX	6. RACE	7. MARRIED, NE		8. DATE OF BIRTH	9. AGE (In year	Months,	1 Yı. If Under 24 Hrs. Doys   Hours   Min.
Male	White	Child		June 9, 1967		4	
	CUPATION (Give kind of wo		ISINESS OR INDUSTI	LY 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEI WH AT	N OF COUNTRY?
				Maryland		U.S.	Α.
13. FATHER'S NA				14. MOTHER'S MAIDEN N			
	liam H. Kirby		50 51 11	Sophie M.	Cavey	ADDRESS	2.7.2
	SED EVER IN U.S. ARME		SECURITY NO.				212:
				Mr. William	H. Kirby, Jr	3010	Georgetown
18.	5 X		CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
UNDERLY OTHER SI	THE ABOVE CAUSE (A) YING CONDITION LAST  II IGNIFICANT CONOITION DEATH BUT NOT R	S CONTRIBUTING	(C)				
DISEASE	OR CONDITION CAUSIN	IG IT.	ICH OBERATION	20A. AUTOPSY? (Yes or	NI-1 DOD IF VEC WERE	EINIDINGS 66	ALCIDEBED
O DATE		REFORMED	ICH OFEKATION	Yes	IN CERTIFYING CA		
O UNDERLYING	NAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH.	218, PLA home, f	CE OF INJURY (e.g., orm, foctory, street,	, in or obout 21C. WHERE DI office bldg., INJURY OCCUR	D (If in Boltimore City,	give exact loc	
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ACTU SIGNA	TURE/MYTH		ident Suici	ond that or  de Homfcide CHIEF MEDICAL  ASSISTANT MEDICAL  ASSOCIATE MEDICAL	EXAMINER X		DATE SIGNED 10/28/67
NAME	(Type)	()					
23A. BURIAL C REMOVAL (Spec Buria1	cify)		ke View Men	on CREMATORY 23	Carroll Cour	ity, town, or control	
24A. DATE REC	3 0 1967 R	248, NAME OF	REGISTRAR La Crey M.B.	Howard H. H	ubbard, 4107		s Ave. 21229
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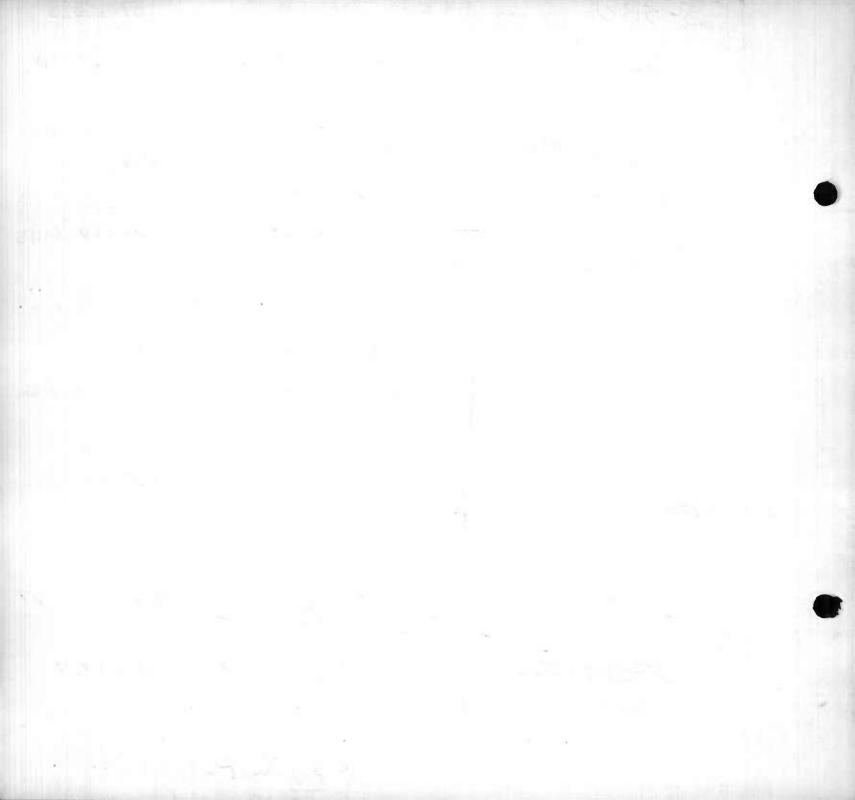


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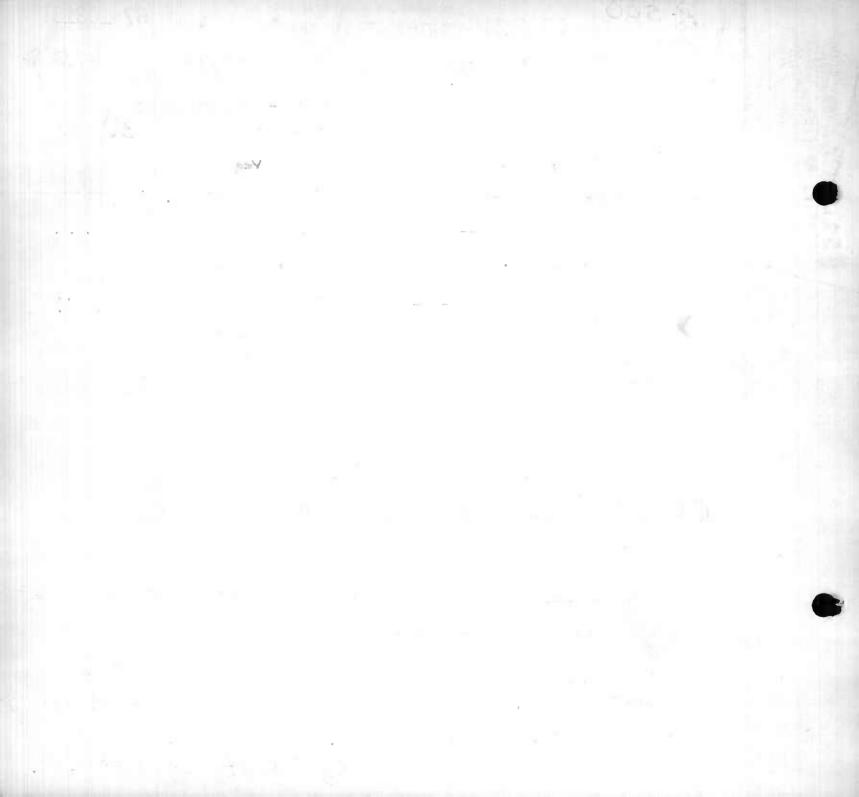
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				HOUR OF DEATH	
	e or Print) John	Kerr	10-2	6-67	
	LACE OF DEATH IN BALTIMORE, MARYL	AND		deceased lived. It is	nstitution: residence before admiss
H	ULL NAME OF (If not in hospital or in dospital OR oddress or tocotion)	7	C. CITY OR TOWN (If outs	ide city limits, write	RURAL and give township)
	1103 S. Clen	iton St.	Balto.	2122	
0			1103 S. Cl	enton &	lt !
5. SE		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		. AGE (In years	If Under 1 Yr. It Under 24 I Months: Doys Hours Min
	MW	married	11-28-1902	64	
	USUAL OCCUPATION (Give kind of work 108 during most of working life, even if retired)	late Mills	11. BIRTHPLACE (State or foreign Phole).	n country)	12. CITIZEN OF WHAT COUNTRY?
3. F/	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE 4	
	Charles		myrtle i	Uhistli	w
	Nos Deceased Ever in U. S. Armed Forces? ,na or unknown) (If yes, give wor or dates of		17. INFORMANT	11	
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1	18. / C / Y	CAUSE O		11 11 11	INTERVAL BETWEEN
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Ť	injury or complication which coused dec	oth,)	Ca of slow	uach "	
	ANTECEDENT CAUSES	DUE TO		**************************************	
	DISEASES OR CONDITIONS, if any, ise to the above cause (A) sta				
	UNDERLYING CONDITION last.	***************************************			
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<u>ا</u> ≧	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED	TO THE COUNT	my wanter	erry.	
	19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)]	20B. IF YES, WERE	FINDINGS CONSIDERED
RTIFIC	WAS PERFORM	MED		IN CERTIFYING CA	USES OF DEATH?
_ C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If in Boltimor	e City, give exact tocation)
0 2	21D. TIME (Month) (Doy) (Year) (H	lour) 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
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2	22. I certify that (1) (this hospital) at		net 157 11	67 10 6	DC+, 1967
	that (I) (we) lost saw the deceased o	1) 1-4 17 =	1	•	nion deoth occurred on the
	ond hour and from the couses stated			(, (our, opi	mon death accurred on the
	23A. SIGNATURE		ton the body offer death.		23B, DATE SIGNED
	Klitantayai	M.D. Atte	anding Med. Director	Stoff Phy s.	Oct 27-196
2	Klistantay de	Phys	22D ADDRESS		
	RAFAEL A SANTI	AYANA M.D.	6010 Eastern	Are. BAL	TO MP. 2122
4A.	BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (C	the town or country)
1	REMOVAL (Specify)	of Male of	240. 10	IN B	ity, town, or county) (Stole
SA	DATE REC'D BY HEALTH DEPT. 258	NAME OF RECISTRAD	lose summer of the	el. Da	elo'
JA.	ACCOUNT OF A PARTY OF THE SECOND	E A CALLEUTA	Thelma a.	V.11	3218 Wudson



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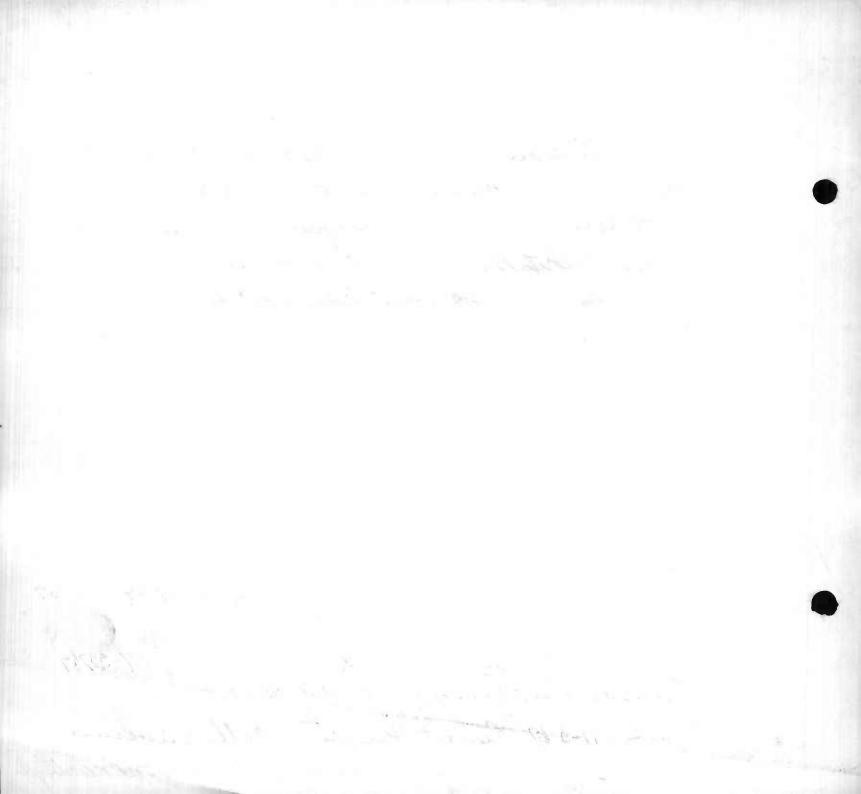
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AKIII IAO.	CERTIFICA	ATE OF DEATH	Registered No.	
M.E. CASE NO.	1 1 1 1	2. DAJE ANI	HOUR OF DEATH	
Type or Print)	16,1-6,	Car	4. Qo. 0	A VCLO
B. PLACE OF DEATH IN BALTMORE, MARYLAND	Mulagar	I A LISUAL RESIDENCE (When	deceased lived If	ristitution; residence before odm
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FULL NAME OF (If not in hospital or institu	ation, give street	maren	la. V	
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If Juts	side city limits, water	RURAL and give township)
	.01	Baltin		
1826 E Bulelle à	4		ural, give location	
00 Baltoma	2	1621 0 1	7 \ 1 4 4	01
		18265-	relelle,	ST
	RIED, NEVER MARRIED  QWED, DIVORCED (specify)		ost birthdoy)	Months: Doys Hours
male	man.	2-15-1904	43	
OA. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTR		in country)	12. CITIZEN OF
one during most of working life, even if retired)		. 0 1 11 2		WHAT COUNTRY?
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3. FATHERS NAME	1	14. MOTHER'S MAIDEN NAM	AE	10/1
() 1/1/1	h	50	ho	
sames Whilas	les	Conva ,	10.	
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of ser	1 6. SOCIAL vice) SECURITY NO.	17. INFORMANT	1	ADDRESS
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heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)	ease,			
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ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, g		/ .		
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II II				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
DISEASE OR CONDITION CAUSING IT.	7 1116			
19A. DATE OF OPERATION 19B. CONDITION		20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.a.	in or about 21 C. WHERE DID	(If in Bo(time	re City, give exact tocation)
OP CONTRIBUTING CALLSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?		
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At   Not Wh			
(AFFKUA)	Work At Work			
22. I certify that (1) (this hospital) attend	ded the deceased from	9/24 1	962 10 10	57 29 100
	0 60			
that (I) (we) lost saw the deceased alive			in (my) (our) op	Inion deoth occurred on th
ond hour ond from the couses stated obo	ve. (1) (We) (did) (did not)	view the bady ofter death.		
23A. SIGNATURE				23B, DATE SIGNED
BORD A FROM	M.D. AL		Stoff	107 3006-
recy 1 mg	Ph Ph	ys. Director	Phy s.	1 100
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	AFORFST M.D	822N. BOND	57	
	4C. NAME of CEMETERY OF C		CATION	Min town as a sure of
REMOVAL (Specify)	ALL INAINE OF CENTETERS OF C	1 1 240. 10	CATION	City, town, or county) (S
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SA. DATE REC'D BY HEALTH DEPT. 425B, NA	AME OF REGISTRAR	25C EUNERAL DIRECTOR		ADDRESS
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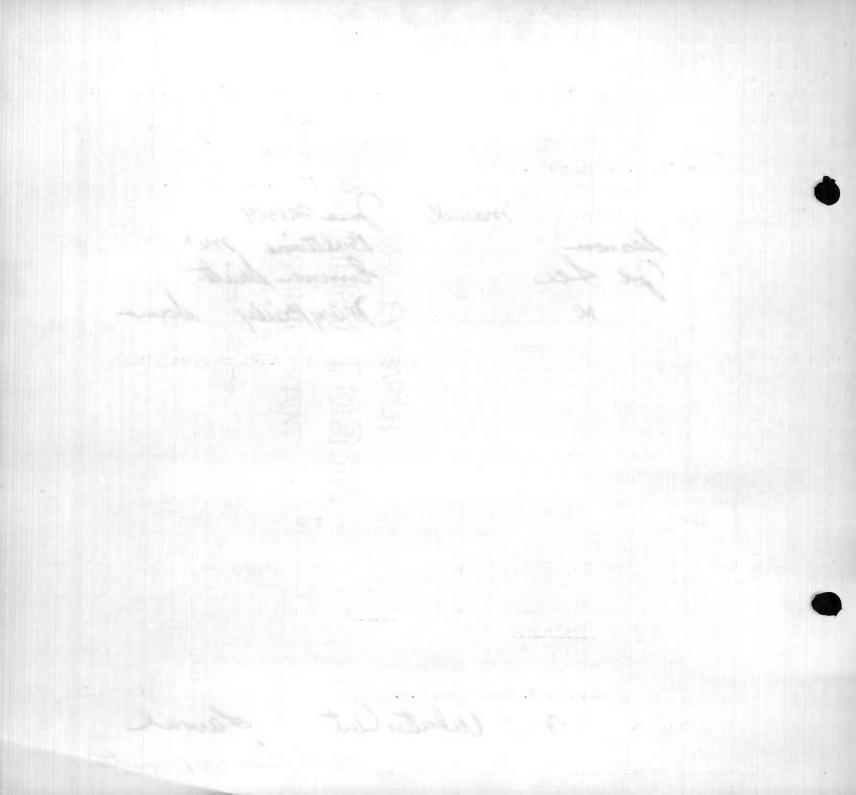


## 67 10322 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10322

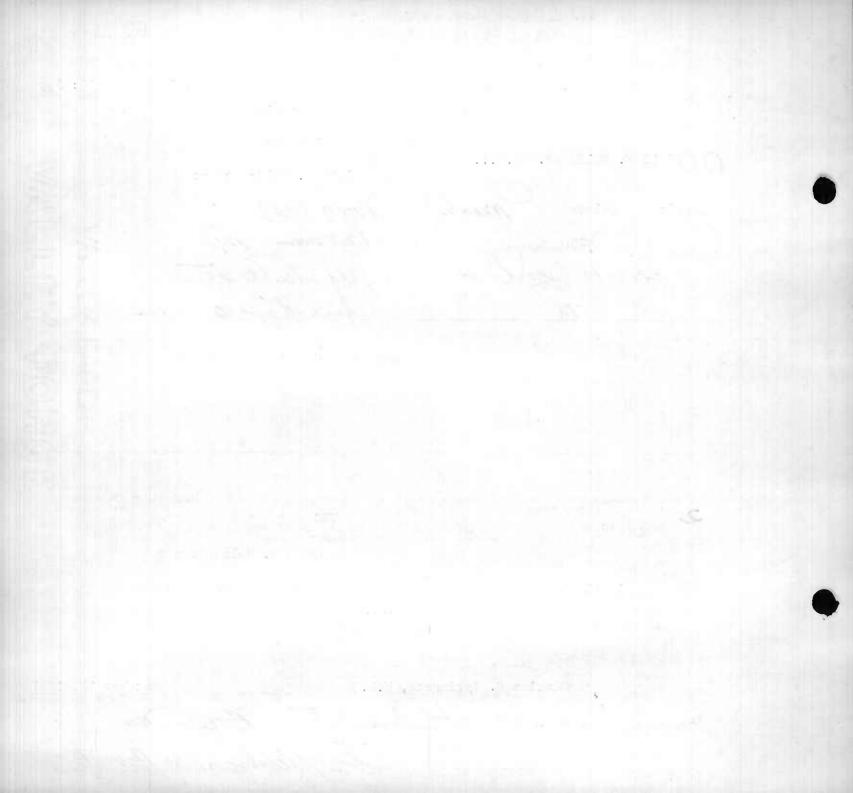
M.	CASE NO.		7 - 01 - 02 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
1.	NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD		
(Ty	JOHN LEE	00404-05 1067 1 1 05		
3. 1	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	October 25, 1967   1:05 p.M.  14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)		
		A. STATE B. COUNTY		
FU	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Mai	Yland WN (II autside carparate limits wr	ito PLIPAL and give township)
INS	SPITAL OR ADDRESS OR LOCATION)	C. CITI OK 10	Wit (if duiside curpulate lilling	THE ROKAL ONG GIVE TOWNSHIP
100	^	Bal	ltimore	03
	1219 N. Luzerne Ave.	D. STREET ADD	RESS (If rurol, give location)	The state of the s
	1217 N. Huzeliie Ave.	1.0	10 N T 4	
5. 9	EX 6. RACE 7. MARRIED, NEVER MARRIED	8 DATE OF BIRT	219 N. Luzerne Ave	s If Under 1 Yr. If Under 24 Hrs.
	WIDOWED, DIVORCED(specify)		lost birthdoy)	Months Days Hours Min.
	Male Colored maniel	pue 9	10,1909 58	
	USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	SIRTHPLACE	(State or foreigh country)	12. CITIZEN OF WHAT COUNTRY?
Jun	during most of working life, even it reflects	1500th	mex	11)
13.	ATHER'S NAME	14. MOTHER'S M	AAIDEN NAME	M. 8/1
	00 100	6	1. 1	
2.6	for the	-com	in pull	
(Yes	VAS DECEMSED EVER IN U.S. ARMED FORCES?  , no arunktown), (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT		ADDRESS
	NM)	mari	lander 1	20
	18. CAUS	Mary	tirally est	rui-
	CAUSI	E OF DEATH /	/	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			
	LEADING TO DEATH	riosclerot	ic Cardiovascular	Disease
	(This does not mean the made of dying, e.g.,			**************************************
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)			
	ANTECEDENT CAUSES -			
	(8)	*		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE			
_	UNDERLYING CONDITION LAST.			
Ó	(C)			
5				
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
CERTIFICATION	DISEASE OR CONDITION CAUSING IT.			
꼾	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY	? (Yes at No.) 20B, IF YES, WERE	
O	WAS PERFORMED	Y	ES IN CERTIFYING CA	USES OF DEATH?
1	21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,			give exact location)
	UNDERLYING OR CONTRIB- home, farm, factory, street,	office bldg., INJUR	Y OCCUR?	
一百	OINTO -CAUSE OF DEATH,	1 - 2 mm		
Σ	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
	OF INJURY (APPROX.) WHILE AT NOT	WHILE		
	m. WORK LAT V	VORK		
	22.	tapsy X an	d that an this basis, death In	my apinian
	_			
	resulted fram: Natural causes X Accident Suicid			ner 🔛
		CHIEF M	EDICAL EXAMINER	DATE SIGNED
	SIGNATURE Charles J. January M.D.	ASSISTANT M	EDICAL EXAMINER X	DATE STONED
	EXAMINER'S		SEDICAL EXAMINER	
	NAME (Turn)	ASSOCIATEN	EDICAL EXAMINER	Ostaham 25 1067
23.4	BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	OF CREAT ATO BY	23D. LOCATION (Ci	October 25, 1967  ty, town, or county) (Stote)
	AOVAL (Specify)	- CALLANDE	200. EU CATION	O Coolings
12	Burns 10-31-67 (Antutus	(Jul	Friede	e Mil
244	DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
	4 9 5	111	011	11-1
	00 T 3 O 1967 ( O O B S S F 2 C	1 Knoy	Willelson 1177 Pm	multer hie
	The state of the s	1		1 - 1

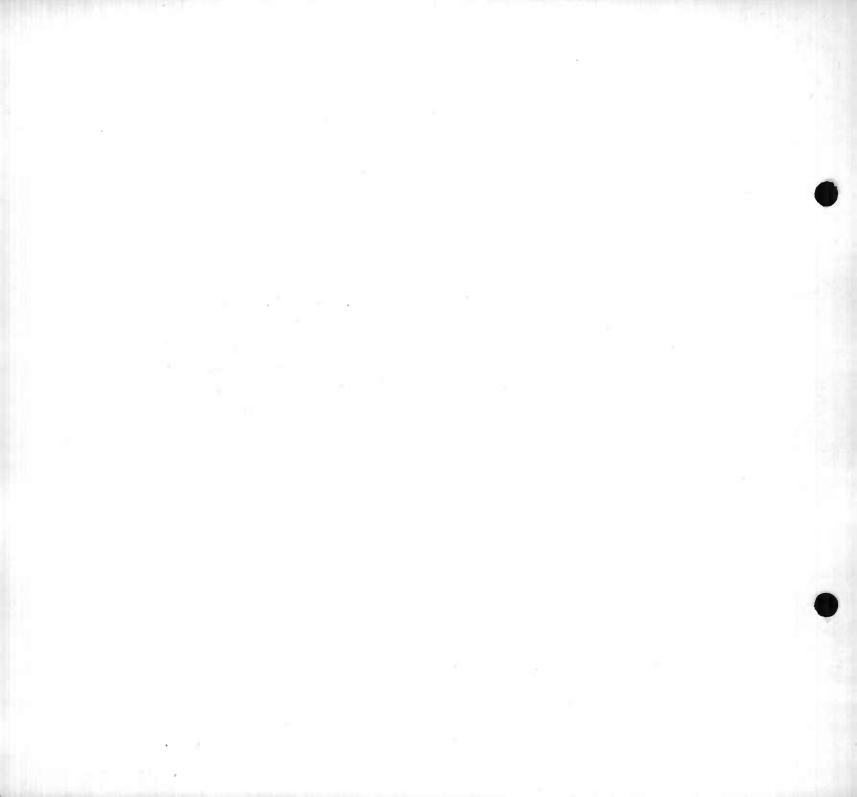


67 10323 BALTIMORE CITY HEALTH DEPARTMENT

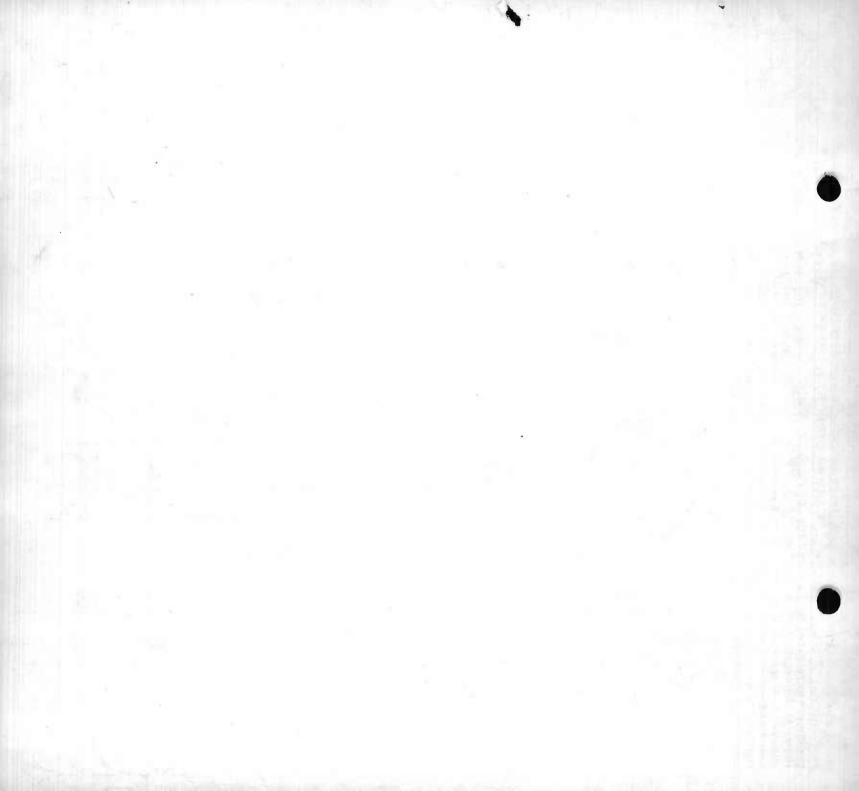
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 67 10323

MEDICAL EXAMINER 3 CL	KIII CATE OF DEATH REGISTERED WAS				
M.E. CASE NO.					
1. NAME OF DECEASED (Type ar Print)	2. DATE AND HOUR PRONOUNCED DEAD				
NORMA RATHER	October 22, 1967 12:45 pm.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence belare odmission) A. STATE Maryland B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (II autside corparate limits, write RURAL and give tawnship)				
1023 N. Wolfe St. D.O.A.	Baltimore  D. STREET ADDRESS (If rural, give lacation)				
	1023 N. Wolfe Street				
5. SEX 6. RACE 7 MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) Female Colored	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min. 28				
dane during mast af warking lite, even if retired)	11. BIRTHPPLACE (State or Breign country)  12. CITIZEN OF WHAT COUNTRY?				
13, FATHER'S NAME	14, MOTHER'S MAIDEN NAME				
James Jenkins	alfreda austor				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar doles al service)  SECURITY NO.	17. THEORY ANT ADDRESS				
100	Colle Jones 10/8 E JULI Sheet				
1B. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH	e intoxication by Doriden				
(This daes not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury ar camplication which caused death.)					
ANTECEDENT CALIFE					
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO	***************************************				
RISE TO THE ABOVE CAUSE (A) STATING THE					
UNDERLYING CONDITION LAST.					
<u>[6</u>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
1.12	YES Yes				
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, all etc.)					
Z 21D TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	1023 N. Wolfe Street				
OF INJURY					
(APPROX.) 10 21 67 ? m. WHILE AT NOT WORK	MHILE X Took overdose of Doriden				
22. I certify that I held an Inquiry Inspection Auto	apsy X and that an this basis, death in my apinian				
resulted fram: Natural causes Accident Suicide	Hamicide Undetermined manner				
01 1 0 0 5 - 7	CHIEF MEDICAL EXAMINER				
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X					
EXAMINER'S NAME (Type) Charles S. Springate, M.	ASSOCIATE MEDICAL EXAMINER October 23, 1967				
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of					
Bunal 10-26-67 het afer	in Cut Ballo mis				
24A. DATE REC'D BY HEALTH DEPT. 124B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
WC 161 0FW 1/1/45	anogulieson or Branch is				
VS 151-REV. 1/1/65					





M.E. CASE NO.  1. NAME OF DECEASED (Type or Paint)  3. PLACE OF DEATH IN BALJIMORE, MARYJAND  3. PLACE OF DEATH IN BALJIMORE, MARYJAND  FULL NAME OF HOSPITAL OR oddress or locotion)  5. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  10. STREET ADDRESS  WIDOWED, DIVORCED (specify)  10. STREET ADDRESS  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Was Daccosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service)  18. CAUSE OF DEATH  18. CAUSE OF DEATH  19. AGE (In years If Under 1 Yr.	BIR	12 24 1/2 0/ 1/20/20	CEDITIES ATE		Registered Na.	101408
Trace of Part   The Salvance   The			EKTIFICATE			67 103
FULL NAME OF INTERVALE OF INSTITUTION  3 + BON SOURCES  5. SEE  6. RACE  7. MARRIED NEVIE MARRIED  1. DATE OF BIRTH  1.	(Ту	pe or Print) Baby Boy DEV	PAULT			5:1
TOSHING ON SCALLS  S. SEX  B. BACE  7. MARRIED. NEVER MARRIED  12. DATE OF BIRTH  12. DATE OF BIRTH  13. DATE OF BIRTH  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. SOCIAL  15. SOCIAL  15. SOCIAL  16. SACE By years  17. MARRIED. NEVER MARRIED  18. DATE OF BIRTH  19. ADE the years  19. A		FULL NAME OF (If not in hospital or institution, give stree	A. 31	ALE B. COON	11	
5. SEX  B. BACE  T. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  WIDOWED, DIVORCED (specify)  10. J. J. J. J. Most in process  Widows burned bird, even i drough  WIDOWED, DIVORCED (specify)  11. BIRTHPLACE (Status or foreign country)  WIDOWED, DIVORCED (specify)  WIDOW		HOSPITAL OR oddress or locotion) NSTITUTION	c. c			
S. SER   6. BACE   MARRIECO HYVER MASRIED   D. DATE OF BIRTH   N. AGE (In years   Morth) Down   D. DATE OF BIRTH   D. AGE (In years   Morth) Down   D. DATE OF BIRTH   D. AGE (In years   Morth) Down   D. DATE OF BIRTH   D. AGE (In years   Morth) Down   D. DATE OF BIRTH   D. AGE (In years   Morth) Down   D. DATE OF BIRTH   D. AGE (In years   Morth) Down   D. DATE OF BIRTH   D. AGE (In years   Morth) Down   D. DATE OF BIRTH   D. AGE (In years   Morth) D. DATE OF BIRTH   D. AGE (In years   Morth) D. DATE OF BIRTH   D. AGE (In years   Morth) D. DATE OF BIRTH   D. AGE (In years   Morth) D. AGE (In years) D. AGE (In yea	,	34 BON SERVES	D. \$1	- 2 0 0	of A	10,
12. CITERN OF INVESTMENT  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WOD Deceased Ever in U. S. Armed Forces?  17. WALL ALLY ALLY  18. WELL ALLY ALLY  19. WELL ALLY ALLY  19. WELL ALLY ALLY  10. SOCIAL  110. TO THE SIGNIFICANT CONDITION SI and dying, e.g., heard failure, asthema, else, ill many discussed ally as the deceased for DEATH (CI)  18. WELL ALLY ALLY  19. DISEASE OR CONDITIONS, if any, giving as to be obove couse (A) staling like  19. UDE TO  19. DISEASE OR CONDITIONS, if any, giving as to be obove couse (A) staling like  19. UDE TO  19. DISEASE OR CONDITIONS (I any, giving as to be obove couse (A) staling like  19. UDE TO  19. DISEASE OR CONDITION SI and staling like  19. UDE TO  19. DISEASE OR CONDITION SI and staling like  19. DISEASE OR CONDITION SI and staling like  19. DISEASE OR CONDITION SI and staling like  19. DISEASE OR CONDITION SI AND SI ARROWADD (CI)  20. ALCODENT WAS UNDERTING TO THE ATTO THE ATT	5.	SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR	RCED (specify)		9. AGE (In years lost birthdoy)	If Under I Yr. If U Months Doys Hours
13. FATHER'S NAME		e during most of working life, even if retired)	SS OR INDUSTRY 11. BI	RTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
18.	13.		14. M			1 M. d. A
18.	10	ALEXANUER REVAULT		PHYLL	is Simi	BON
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliative, ashlenite, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  1970. DATE OF OPERATION 1988. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?  1982. DATE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH sulf in CERTIFING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION CAUSING IT.  1982. DATE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  1982. DATE SIGNIFICANT CAUSE OF THE DISEASE OR CONDITION CAUSING IT.  AND THE DEATH sulf in CERTIFING CAUSES OF DEATH?  1982. A COLOR TO THE DEATH sulf in CERTIFING CAUSES OF DEATH?  210. THE DEATH sulf in CERTIFING CAUSES OF DEATH?  211. THE CAUSE OF DEATH?  212. A CICIENT WAS UNDERLYING TO THE DISEASE OR CONDITION CAUSING IT.  212. THE COLOR TO THE DEATH SULF TO THE DISEASE OR CONDITION CAUSE OF DEATH?  213. A CICIENT WAS UNDERLYING TO THE DISEASE OR CONDITION CAUSE OF DEATH?  214. A CULIE TO THE DEATH SULF TO THE DISEASE OR CONDITION CAUSE OF DEATH?  215. THE COLOR TO THE DISEASE OR CONDITION CAUSE OF DEATH?  216. THE COLOR TO THE DISEASE OR CONDITION CAUSE OF DEATH?  217. THE CAUSE OF THE COLOR TO THE DISEASE OR CONDITION CAUSE OF DEATH?  218. THE COLOR TO THE DISEASE OR CONDITION CAUSE OF DEATH CAUSE OF THE COLOR TO THE DISEASE OR CONDITION CAUSE OF THE COLOR TO THE DISEASE OR CONDITION CAUSE OF THE COLOR TO THE DISEASE OR CONDITION CAUSE OF THE COLOR TO THE DISEASE OR CONDITION CAUSE OF THE COLOR TO THE DISEASE OR CONDITION CAUSE OF THE COLOR TO THE DISEASE OR CONDITION CAUSE OF THE COLOR TO THE DISEASE OR CONDITION CAUSE OF THE COLOR TO THE DISEASE OR CONDITION CAUSE OF THE COLOR TO THE DISEASE OR CONDIT	(Ye		URITY NO.	MOTHE!	e	- abor
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follow, ashenic, lic. It means the disease, injury or complication which coused death,)  ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION SOLUTION TO THE DEATH BUT NOT RELATED TO THE DOTHER DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH ROLL OF RELATED TO THE		//3.5	CAUSE OF DEA			INTERVAL BE ONSET AND
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 18 OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Schimore City, give exact location on the causes of the control of the work of the body of th		rise to the obove couse (A) stating the UNDERLYING CONDITION lost.				**************************************
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   21A. ACCIDENT WAS UNDERLYING   DEATH?   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERT DID   OR CONTRIBUTING   CAUSE OF DEATH?   21B. PLACE OF INJURY OCCUR?   OR CONTRIBUTING   CAUSE OF DEATH?   OR CONTRIBUTING   CIty, give exact locoling injury occur?   OR CONTRIBUTING   CIty, give exact locoling injury occur?   OR CONTRIBUTION   OR COUNTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTION   OR COUNTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTION   OR COUNTRIBUTING   OR CONTRIBUTION   OR COUNTRIBUTING   OR COUNTRIBUTION   OR COUNTRIBUTING   OR COUNTRIBUTING	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
21A. ACCIDENT WAS UNDERLYING   CAUSE OF   DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED While At   Not While   Work   Not While    21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  23F. HOW DID		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH C	DPERATION 20	A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22E. I certify that (I) (this haspital) attended the deceased fram 10-27 1967 to 19	AL C	OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in or ob foctory, street, office blo	out 21 C. WHERE DID	(If in Boltimore	City, give exact location
22. I certify that (I) (this haspital) attended the deceased fram 10-27 1967 to 1967 t	ō	OF INJURY While At	Not While	21 F. HOW DID INJ	URY OCCUR?	
and haur and from the causes stated abave. (1) (Ne) (did) (did nat) view the bady after death.  23A. SIGNATURE  Attending Med. Director Phys.  23B. DATE SIGNED  23B. DATE SIGNED  23C. PHYSICIAN'S NAME ITypel  ATTENDED  24A. BURIAL CREMATION, R4B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION  (City, town, or county)  25A. DATE REC'D BY THEALTH DEPT:  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS			eased fram 10			
23A. SIGNATURE  23A. SIGNATURE  Attending Med. Director Phys. 10 - 28 - 23C. PHYSICIAN'S NAME IType!  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county)  24A. DATE REC'D BY THEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  23B. DATE SIGNED  24B. DATE SIGNED  25C. FUNERAL DIRECTOR		4			at in(my) (aur) apin	ion death accurred
23C. PHYSICIAN'S NAME ITypel  A COUNT A: MELOCATOMO. BON SOTOURS HOSP TOC  24A. BURIAL CREMATION, RAB. DATE 24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION OF COUNTY  REMOVAL (Specify)  10/30/67  Codar Sill Plan  25C. FUNERAL DIRECTOR  ADDRESS  23D. ADDRESS  10/20/10/10/10/10/10/10/10/10/10/10/10/10/10		23A. SIGNATURE	Attending	Med.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  REMOVAL (Specify)  Burial 10/30/67 Ceday Sill Penal Director  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		23C. PHYSICIAN'S NAME IType!	V VV A	DORESS ( 9	Phys.	0177
Burial 10/30/67 - Gedar Sill Cem Mitchel Klury 250, DATE REC'D BY HEALTH DEPT 1258, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS	24/	A CCUNE A MELA  N. BURIAL CREMATION, RAB. DATE 24C. NAME OF C	CEMETERY OF CREMATO	20/0	CATION (City	, town, or county)
John of Cours & Jaskey & John of Couran & I en	25	Burial 10/30/67 - 6 eda	v Hill of	ELM DIRECTOR	chie Huy	Anness
		001 21 1961 CE C. C.	arbeight "	John 9	2 Cours	n. + Jen



24B, NAME OF REGISTRAR

Burial 11,

VS 151-REV. 1/1/65

Meadowridge Memorial Park Howard Co.

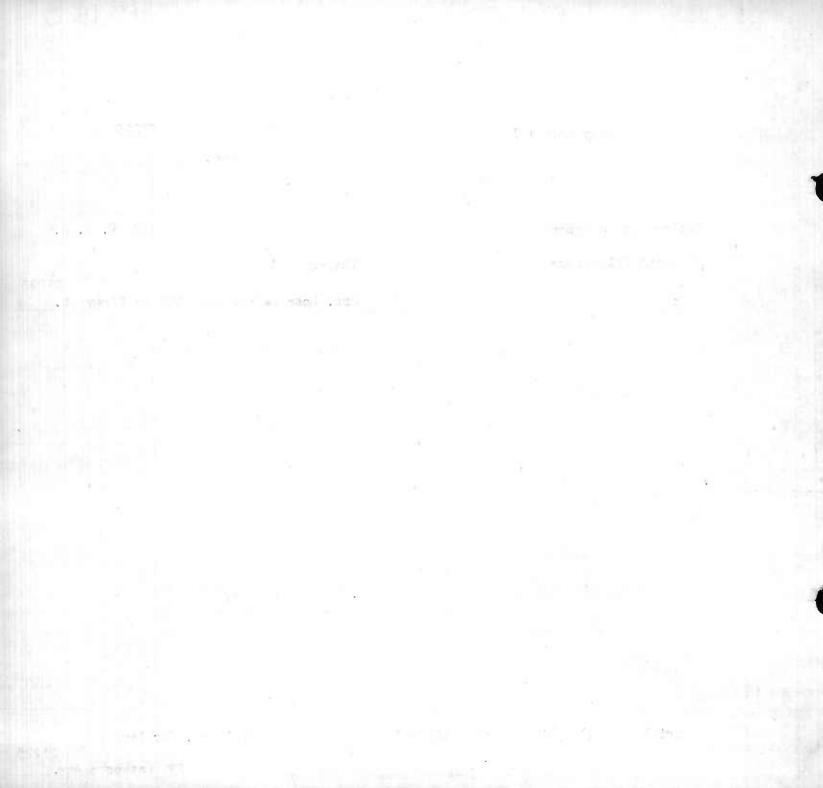
24C. FUNERAL DIRECTOR

ADDRESS 21 237 Patapsco Ave.

THE ST, TERM ma-in-this column is a second of the column and the TAYAN .... In the second of th

VS 150-REV, 1/1/65

If Under 1 Yr. II Un Manths: Days Haus Il Under 24 His. 12. CITIZEN OF WHAT COUNTRY? U. S. A. 21225 904 Jefffrey St. INTERVAL BETWEEN ONSET AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED McCully Funeral Home 237 Patapaco Ave.



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV, 1/1/65

OHIO ADDRESS HUBBARD FUNERAL HOME, 4107 WILKENS AVE. 21229

WHAT COUNTRY?

STATES

INTERVAL BETWEEN ONSET AND DEATH

hours

D. Exec A STATE OF THE STA ACRES X MANA Security Here the 

	rh NO.	67	103	CERTIFICA	TE OF DE	ATH Registered No	. 67 10329
	E CASE NO.	ASED		James F. Burge	Sr. 2.	DATE AND HOUR OF DEATH	н
	an ar Print)	IRGE MR	71	_			
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	740	A. STATE	B. COUNTY	institution: residence before odmission
	FULL NAME OF HOSPITAL OR INSTITUTION	oddress or lecetien	er institution	n, give street	C. CITY OR TOWN	(If outside city limits, write	RURAL end give tewnship)
-	3 5 Chur	ch Home & Ho	spital		Dundall D. STREET ADDRES	(If rurol, give lecetien)	33-00
					3301 Be	elsford Court	,
	Male	6. RACE White	WIDOW	D, NEVER MARRIED /ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lest birthdey)  4 4 5 3  ete or foreign ceuntry)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		PATION (Give kind of work orking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	eté or foreign ceuntry)	12. CITIZEN OF WHAT COUNTRY?
		- Postman			WES	T VIRGINIA	U. S. A.
13.	FATHER'S NAM	E			14. MOTHER'S MA	IDEN NAME	
	HENA	Ey BURG	E		El	la B. FUNI	+
(Ye	Wos Deceased s, no er unknewn)	Ever in U. S. Armed Ferr (If yes, give wer er dete	ces? s ef service	755-09-0743		la B. FUNI aughter)	
	7			CAUSE O		da Knott, 7800 I	INTERVAL BETWEEN
	18. S S	OR CONDITION DIR	ECTL V	CAUSE O	DEATH		ONSET AND DEATH
		LEADING TO DEATH	ECILI	C18	DIG-RECPI	PEATORY ARR	st a his
		I mean the made al		3.,	P/ - /3//		7 7 7
		sthenia, etc. It means dicalian which coused					
		NTECEDENT CAUSES	000111,7	(B) HEI	PATO-RE	NAL FAILUR	26
		R CONDITIONS, il abave cause (A)		ne ici CIR	- RIHOSIS	ef THE LIVE	re l
		CONDITION last.		(0)			
		11					
ATION	OTHER SIGNIF TO THE DE DISEASE OR O	ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I	ONTRIBUT	THE ACUTE GAS	TRIC DILA	TATION; HUPO	VOLEMIA : STRESS LICE
FIC	19A. DATE OF	OPERATION 198. CON	DITION FO	R WHICH OPERATION	20 A. AUTOPSY?	(Yes er No) 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
RIL	10-25-		REENT	VENTRAL HERNI.	4 U	D IN CERTIFIENCE	AUSES OF DEATH!
AL CE	21 A. ACCIDEN OR CONTRIBUT DEATH (netity	T WAS UNDERLYING TING CAUSE OF	] 2 h	18. PLACE OF INJURY (e.g., ir ome, ferm, foctory, street, of tc.)	or obout 21C. WHE	RE DID (If in Beltime CCUR?	ore City, give exect lecotion)
EDIC	21 D. TIME	(Month) (Dey) (Yeer)	(Heur) 12	1E. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
ME	OF INJURY		_	While At Not While		DID INTOKY GOODK.	
	(APPROX.)			Werk Al Werk			
	22. I certify	that (1) (this haspital	) attended	the deceased from		1967 to 19	
	that (I) (we)	last saw the decease	d alive or	10-28	1967	and that In (my) (aur) a	plnian-death accurred an the date
				(I) (We) (dld) (did nat) v	iew the bady afte	er death.	
	23A. SIGNATUR			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			23B, DATE SIGNED
	(0	self. Or	les ;		nding Med		10-28-67
16	23C. PHYSICIAN		8	Phys	S. Direction Dir	ctor Phys.	1,000
	NAME (Ty	pe)					
	1	se Y. Ortez		M.D.	Church Ho	me & Hospital, H	Balto. Md.
24/	REMOVAL (SE	AATION, 24B. DATE		NAME of CEMETERY of CRE	MATORY	24D. LOCATION	City, town, or county) (State)
	Burial	11/1/6	Oa	k Lawn Cometery		Balti	imore, Md.
25/	A. DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. FUNERAL	DIRECTOR	ADDRESS
	8	DET 9 1 1067	00	B. C. FA.D. WA	John J.	Duda, 7922 Wise	Ave. Dundalk, Md.
VS	150-REV. 1/1/6:	5	4 Km	O.C. NOAVEDINA	1 1 1		

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BIRTH NO. 67 10	OUU CEDTIEICA	TE OF DEATH R	Registered No. 67 10330
	CLKIIICA	TE OF DEATH	egistered No.
M.E. CASE NO.	Mary E.	Medlin  2, DATE AND HE	OUR OF DEATH
Type or Print) MARY E-	MEPLIN		8,1967 16:30 A
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	ceased lived. If institution: residence before admissio
FULL NAME OF (If not in haspital or institut	tion, give street	lud. Ba	ltimore (,
HOSPITAL OR oddress or lacotion)	· · · · · ·		city limits, write RURAL and give township)
Thurch Ho	ve v		- Edgemere 53-00
36 11- 1 Ta	P	D. STREET ADDRESS (If rurol,	give locotian)
SS Hoge	<u></u>	U8 Teac	fan
The state of the s	RIED, NEVEL MARRIED SWED, SWORLED Ispecify) [arried]		GE (In years if Under 1 Yr. If Under 24 Hr. Months Doys Min.
(OA, USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fareign co	12. CITIZEN OF WHAT COUNTRY?
Housewife		South Ca	whine USA
3. FATHERS NAME		14. MOTHERS MAIDEN NAME	
garl Ubeni	skar	Bon :0	Carl
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMHUS band)	21279°
(Yes, na ar unknown) (If yes, give war ar dates of serv	238-09-5046		28 Platt Lane, Edgemere, 1
18. 199	CAUSE C	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	71,	etailalie (	D
LEADING TO DEATH (This does not mean the mode of dying,	e.g., DUE TO	carrie C	acusu
hearl failure, asthenio, etc. It means the disc			•
injury or complication which caused death.)			
ANTECEDENT CAUSES	DUE TO	4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m	
DISEASES OF COMPITIONS IS			
DISEASES OR CONDITIONS, if any, gi			
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tise to the above cause (A) stoling UNDERLYING CONDITION last.	JTING		
rise to the above cause (A) stoting UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING	[20 A. AUTOPSY? (Yes or No)] 201	B. IF YES, WERE FINDINGS CONSIDERED
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Tise Ia The above cause (A) stoting UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Manih) (Day) (Year) (Haur) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE	JTING THE  TOTAL  JTING THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., independent of the control of the	20 A. AUTOPSY? (Yes or No.) 201 IN n ar obout 21C WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY  19 ond that in view the body ofter death.  ending Med. Staff Phys	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?  (If in Baltimare City, give exact lacotion)  OCCUR?  (my) (our) opinion death occurred on the december of the
Tise Ia The above cause (A) stoting UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE  27C. PHYSICIANS NAME (Type)	JTING THE  FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., in hame, farm, factory, street, on etc.)  21 E. INJURY OCCURRED  While At Not White At Work  At Work  Jed the deceosed from the control on t	20 A. AUTOPSY? (Yes or No.) 20 IN  n or obout 21 C/WHERE DID ffice bidg., INJURY OCCUR?  21 F. HOW DID INJURY  19	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?  (If in Baltimare City, give exact lacotion)  OCCUR?  (my) (our) opinion deoth occurred on the decomposition of t
tise la lhe above cause (A) sloting UNDERLYING CONDITION last.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.    19A.DATE OF OPERATION   19B. CONDITION WAS PERFORMED	JTING DTING THE  FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., in the content of the content	20 A. AUTOPSY? (Yes or No.) 201 IN  n at obout 21 C/WHERE DID  ffice bidg., INJURY OCCUR?  21 F. HOW DID INJURY  19 ond that in  view the body ofter death.  ending Med. Director Phys  23 D. ADDRESS  EMATORY 24 D. LOCAT	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?  (If in Baltimare City, give exact lacotion)  OCCUR?  (Imp) (our) opinion death occurred on the death occurred occurred on the death occurred occurred on the death occurred occ
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tise la lhe above cause (A) sloting UNDERLYING CONDITION last.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.    19A.DATE OF OPERATION   19B. CONDITION WAS PERFORMED	JTING DTING THE  FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., in the content of the content	20A. AUTOPSY? (Yes or No.) 201 IN n ar obout 21C WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY  19 ond that in view the body ofter death.  23D. ADDRESS  EMATORY  24D. LOCAT  Bes  25C. FUNERAL DIRECTOR	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?  (If in Boltimare City, give exoct lacotion)  OCCUR?  (Imp) (our) opinion deoth occurred on the diagram of

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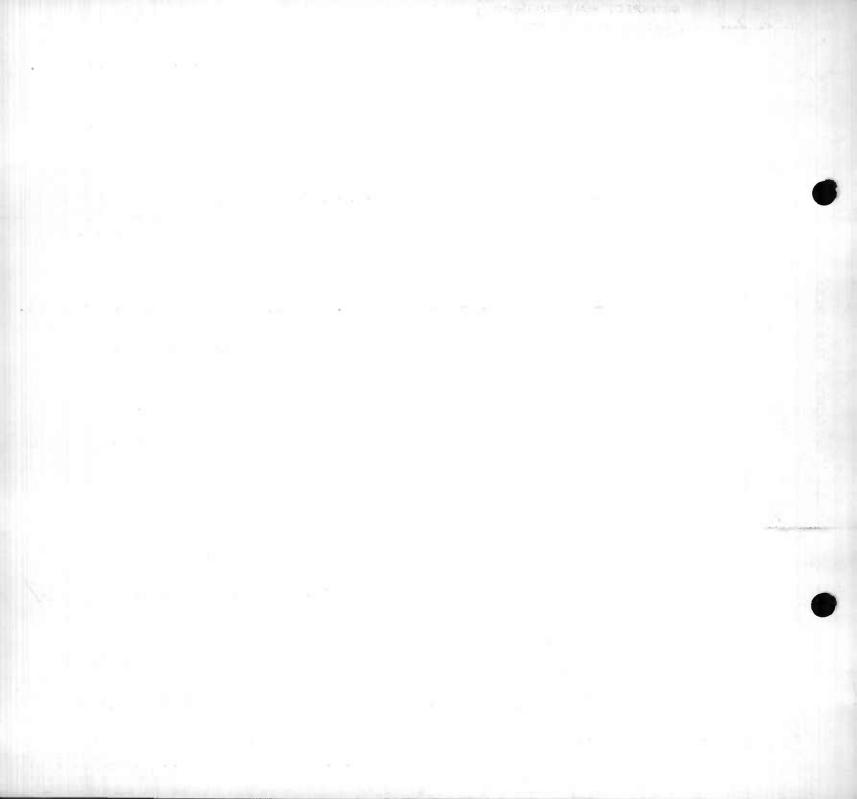
67 10331 BALTIMORE CITY HEALTH DEPARTMENT

	CAL EXAMINER'S C	ERTIFICATE OF DEATH Reg	stered No.
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR PRONO	UNICED DEAD
(Type or Print)	TALE A LIDAYA DA		
JOSEPHINE VIRGINIA 3. PLACE IN BALTIMORE, MARYLAND, W		October 27, 19	
or react in parimone manifest, in	TERE TRONG UNCED DEAD	A. STATE B.	COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
NSTITUTION		Baltimore - Dundalk	63.00
/ Baltimore City Hos	pital	D. STREET ADDRESS (Il rurol, give locotion)	99,33
		8000 Kavanaghh Road	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In ye	eors   II Under 1 Yr. If Under 24 Hr
	WIDOWED, DIVORCED(specify)	lost birthdoy)	Months Days Hours Min.
Female   White	Married	June 3, 1910 57	12. CITIZEN OF
done during most of working life, even if retired)	Total latter of Boshiess on Indoor		WHAT COUNTRY?
Housewife 3. FATHER'S NAME		Virginia	U. S. A.
		The second secon	
Lewis F. James  5. WAS DECEASED EVER IN U.S. ARMED	roners? IV social	Rose Anna Wilson	A D D D D D D D D D D D D D D D D D D D
Yes, no or unknown) (If yes, give wor or date	FORCES? 16. SOCIAL s of service) SECURITY NO.		1k, AMBRESS 21222
No	None	Mr. Charles L. Yeatman,	8000 Kavanagh Rd.
1B. 44	CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	DECTI V		ONSET AND DEATH
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REID DISEASE OR CONDITION CAUSING THE DISEASE OR CONDITIONS TO THE DISEASE OR CONDITION CAUSING THE DISEASE OR CONDITIONS THE DIS	NY, GIVING DUE TO  ATING THE  (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID IIf in Baltimore Ci	ty, give exact location)
UNDERLYING OR CONTRIB-	etc.)	office bldg., INJURY OCCUR?	
21D TIME (Month) (Doy) (Year	Hour 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	WHILE AT NOT	WHILE	
22.	m. WORK AT V	WORK L	
I certify that I held an I	nquiry Inspection X Au	and that an this basis, death	In my apinion
resulted fram: Natural car	Suicident Suicident	de Hamicide Undetermined m	nonner
14110		CHIEF MEDICAL EXAMINER	
ACTUAL Moline,	h.C.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	10/27/67
23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION	(City, town, or county) (State)
Burial 10/30/6	7 Cedar Hill Ce	metery Baltimore,	Maryland
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
31 1967	les E. Fallen		
	thouse of the section	John J. Duda, Dundali	k, Md. 21222

State of parameter (newboard) di peterti O'Es quit quit di begentie, uni days, by disease, sont to mind

FUNERAL DIRECTOR: IMPORTANT

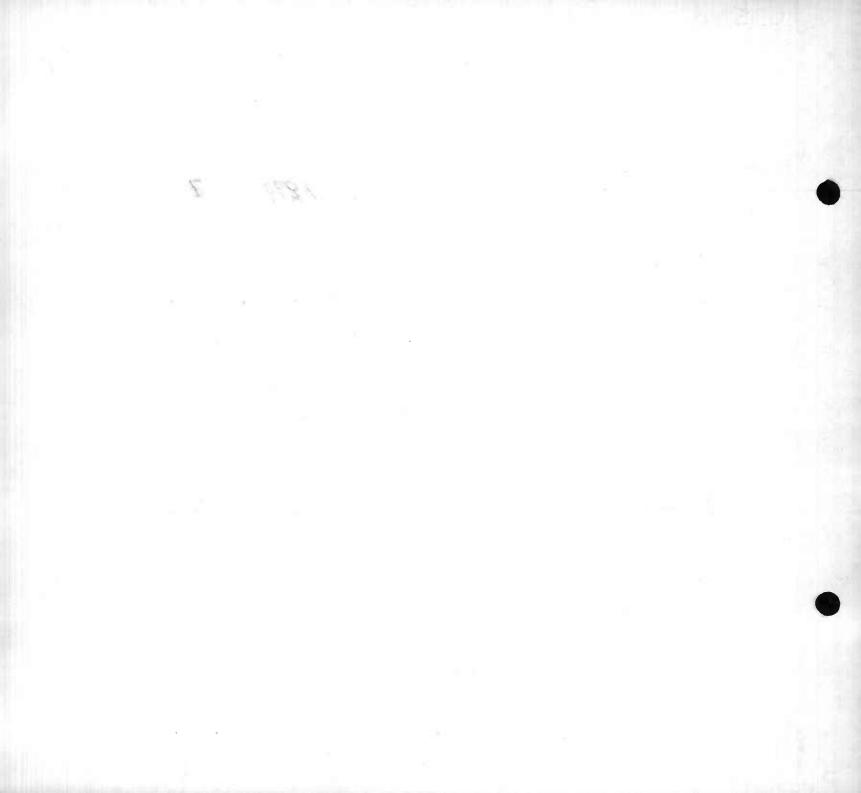
CIAI	Pe or Print)	ALPHONS	E RYKACZ	THICKT		han 20 1	
3.	PLACE OF DEATH IN BA			4. L	SUAL RESIDENCE (WI	nere deceased fived. If	967   2:1
		not in hospitol o dress or locotion	or institution, give street	o.	arvland		e RURAL ond give town
(	0 705 N.	Curley	Street	D. 1		fluid, give location)	et
5. 9	SEX 6. RACE		7. MARRIED, NEVER MA WIDOWED, DIVORCE	RRIED B. D.	ATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. I Months: Doys H
	Male Whi		Widowed	110	/12/04	63	
	. USUAL OCCUPATION (		10B. KIND OF BUSINESS	OR INDUSTRY 11.	IRTHPLA CE (State or fo	reign country)	12, CITIZEN OF WHAT COUN
	Longshoreman		Ship	20.00	Maryland		U.S.A
	FATHER'S NAME	in.	Cargo Loadi	14. 1	MOTHER'S MAIDEN N	AME	U.D.A
		oline D	Trlen o governies		Douling	Varantas	0.53
10			ykaczewski			Kryszkowi	
(Ye	Was Deceased Ever in Us, no or unknown) (If yes, g	. 3. Armed fore	es? 1 6. SOCIAL SECURI	TY NO.	NFORMANT		ADDRESS
	No .	-	215-05-	-3336 Mr	s.Isabelle	Tribull	705 N.Cur
_	18. 420.0	T	-17	CAUSE OF DE	ATH		INTERVAL
	DISEASE OR CO	NDITION DIR	ECTLY	11.1	noxleior	1 8	ONSET A
		TO DEATH		(A) KRYE	MOX COOK	e kears	ls- 591.
	(This does not mean			DUE TO		**************************************	
	heart failure, asthenia, injury ar camplication						
	ANTECED	ENT CAUSES		(B)			
	ANTECED DISEASES OR CONI		iny, giving	(B)			
	DISEASES OR CONI	OITIONS, if couse (A)					
	DISEASES OR CONT	OITIONS, if couse (A)					
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CERTIFIC	DISEASES OR CONI	COUTIONS, if cause (A) TION last.  CONDITIONS COUT NOT RELADING TO 198. COUTIONS COU	ONTRIBUTING TED TO THE INTERPORT OF THE ORMED	RATION 2		No) 208. IF YES, WEI	
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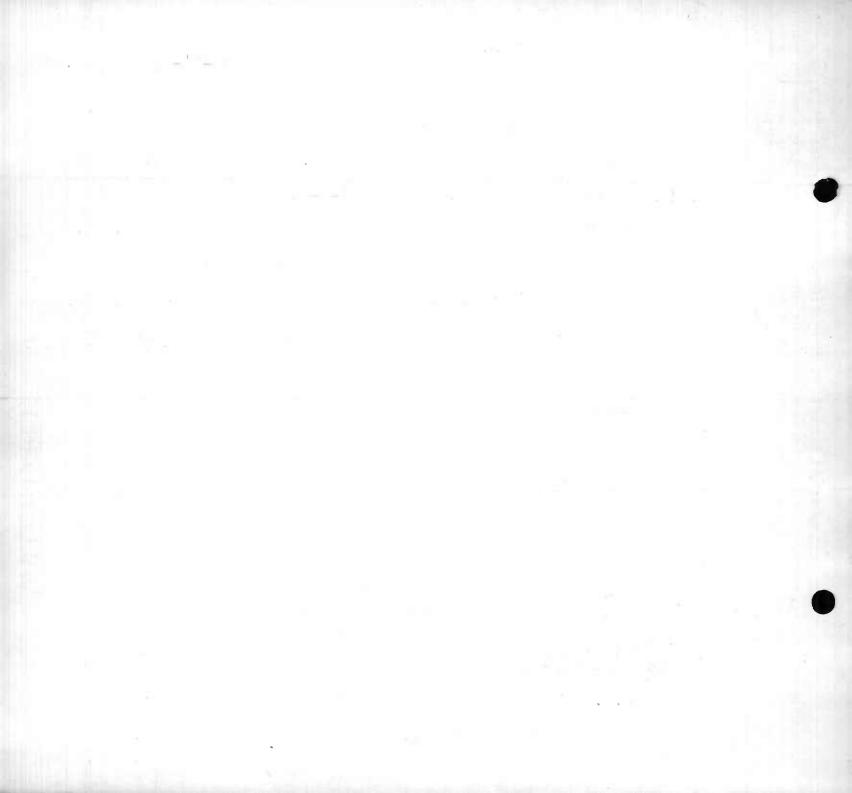
DIRECTOR:

FUNERAL



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G-1.01	67 10334 BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIKIH NO.	CERTIFICA	ATE OF DEATH Registered	67 10334
	GUSTAV A. GUSTAV GREENBERG	2. DATE AND HOUSE OF THE	-67   12.45 A
PLACE OF DEATH IN BALTIMORE,		4. USUAL RESIDENCE (Where deceased lived,	If institution: residence before admission
HOSPITAL OR oddress or lo	pital ar institution, give street cotion)	MARYLAND	rite RURAL and give pownship)
THE JOHNS	HOPKINS HOSPITAL	BALTIMORE D. STREET ADDRESS (If rurol, give location)	6-01
33		205 N. STREEPER ST	REET 21224
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 76	If Under 1 Yr, If Under 24 Hrs Months: Doys Haurs Min,
6A, USUAL OCCUPATION (Give kind o one during most of working life, even if ret	f work 10B. KIND OF BUSINESS OR INDUSTR ired)	Y 11. BIRTHPLACE (State or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
Stationery Engin	neer A & P	Sweden (Stockholm	) U.S.A.
3. FATHERS NAME GUSTAV GUSTAU GREENE	BERG	14. MOTHERS MAIDEN NAME  CAROLYN PETERS	SON
5. Was Deceased Ever in U. S. Arme Yes, no or unknown) (If yes, give war or	d Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
res, no or unknown/tit yes, give wor or	dates of service) SECURITY NO. 214-03-3983	Matilda Student Gre	onhora wife above
1B. , 7 7 V		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY	A	ONSET AND DEATH
LEADING TO DE	ATH (A)	JRCINOMA of PROT	TATE ZYNS
(This does not mean the mode heart failure, asthenia, etc. It m	e of dying, e.g., DUE TO	) (	
injury or complication which co			
ANTECEDENT CA	USES (B)		
DISEASES OR CONDITIONS,			
rise to the above cause UNDERLYING CONDITION los			
11			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO THE		
19A. DATE OF OPERATION 198.	CONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPSY? (Yes or Not) 208. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NG 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Balt office bldg., INJURY OCCUR?	imare City, give exact locotion)
0 21D. ΠΜΕ (Manth) (Doy) (	Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Wi		
50.	Work At Wor	3 - 5 - 6 - 6	5017 1017
	pital) attended the deceased from	19 6 to 2	Y O C 1 19 9 4
that () (we) last sow the dec		19 G and that in tay) (our)	opinion deoth occurred on the da
	stoted obove. (I) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE	1-	ttending Med. Staff	23B. DATE SIGNED
Me. h	M.D. A	ttending Med. Staff hys. Director Phys	28001.
23 C. PHYSICIAN'S NAME (Type) J. C. WHI	TF M.C	23D. ADDRESS THE JOHNS HOPKINS	HOSPITAL
24A. BURIAL CREMATION, 24B. DAT			(City, tawn, or caunty) (State)
Burial 10/	31/67 Parkwood Ce	metery Baltimore	Ma
25A. DATE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	, IVI CI .
OCT 31 1967	Rlab E. Faluna	Schimunek Funeral I 3331 Brehms L	Home, Inc.
VS 150-REV. 1/1/65			



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241	· S 0	0	OS	30	rit
10	This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a hospital and the hady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a haspital (except where the physician who pranaunced death was in regular attendance on the	deceased priar to death); and (6) Na physician was in regular attendance on the deceased prior ta death. Such	written approval must be abtained before the remains are embalmed ar final dispasition is made.

67 10335 BALTIMORE CITY	Y HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH Registered No.
N.E. CASE NO.  1. NAME OF DECEASED Walter	2. DATE AND HOUR OF/DEATH
(Type or Print) MR. JAMES BUCK	10/29/67 145 PM
3. PLACE OF DEATH IN BALTIMORE, MARTEAND	4. USUAL RESIDENCE (Where deceased lived) If institution; residence before admission)  A. STATP  B. CODNTY
FULL NAME OF (If not in hospital or institution, give street	Md.
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)
48.2 1 1 1 2 2 1 450	BAL10 1-01
48 MARYLAND GENERAL HOSP.	D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B, DATE OF BIRTH 9, AGE (In years   If Under 1 Yr, 1f Under 24 Hrs,
WIDOWED, DIVORCED (specify)	11 5 911 lost birthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
dong during most of working life-even if retired! Alled Chenical	WHAT COUNTRY?
13. FATHERS NAME	14. MOTHERS MAIDEN NAME TOMCZAK
Chaple Bures	TO 1 10 S Vanvagarate
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	01.00
NO 215632084	C NAICT 112 VENEAT
16001	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	enchaques (secures a tres
(This does not mean the made of dying, e.g., DUE TO	
heat laiture, asthenia, etc. It means the disease, injury or camplication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION tast.	New York Control of the Control of t
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED A ST LINE	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, lorm, loctory, street, of DEATH (notify medical examiner)	Iffice btdg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Work  (APPROX.)  While At Work  AT Work	te
WORK AT WORK	
22. I certify that (I) (this hospital) attended the deceased fram	
and haur and from the causes stated above (1) (We) (did) (did nat)	view the bady after death.    238, DATE SIGNED
1 ( M.D. At	tending Med. Stoff
23C. PHYSICIAN'S	ys. Director Phys. 22D. ADDRESS
NAMETYPE A AVE TREIC WO	Md. CAN I Had
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CO	REMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
25A, DATE REC'D BY HEALTH DEPT 258, NAME OF REGISTRAR	Schimunek Funeral Home, Inc. 3331 Brehms Lane
	3331 Brehms Lane
VS 150-REV. 1/1/65	

Planty and concert this ENLIE 1017 S Elwood Aus Pet. Chenical Alfred Chinical Polario 73 18 Charles Buck FRANCES TENEREL RISCHARGE CHART THERET NO Burcheyere Carrior 3 75 1965 CANTON 75 & Forcick Md. Gen 1 HEST.

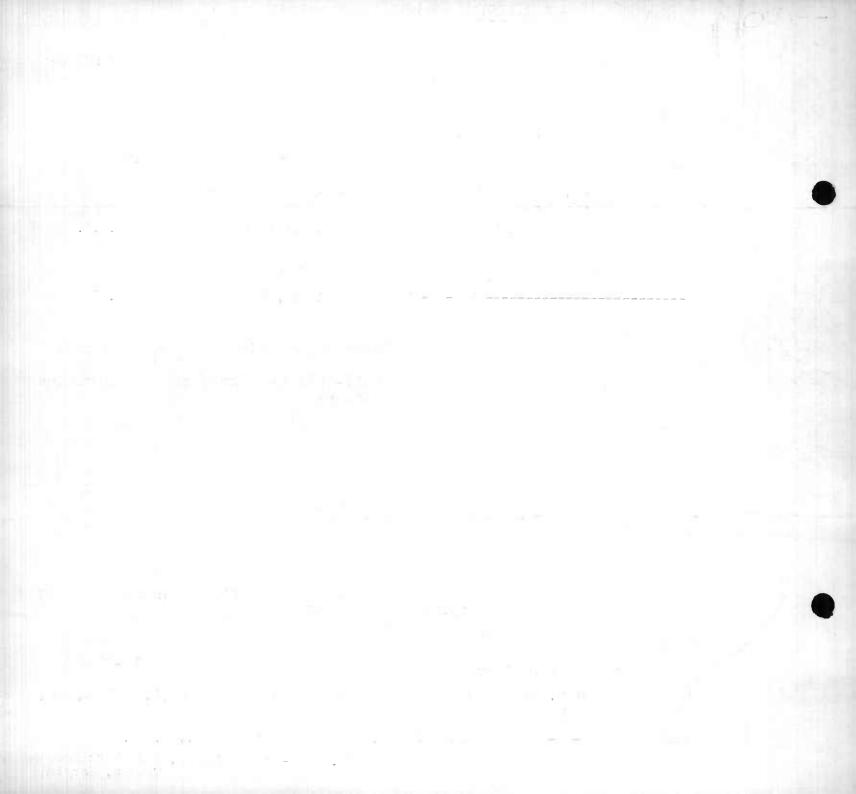
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



C7 11	וייות פר	HEALTH DEPARTMENT		67 10337
HRTH NO.  A.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	0, 7000
NAME OF DECEASED	3	2. DATE AP	NO HOUR OF DEATH	
Type or Print) She prakd.	SOONH E.		10-30-	-671 4:45 A
PLACE OF DEATH IN SALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Whe	ere deceased fived. If in	nstitution: residence before admissi-
		A. STATE B. COUN	12 1	
FULL NAME OF (If not in hospital or instinated and	lution, give street	C. CITY_OR TOWN (II ou	tride city limits write	RURAL ond give township)
INSTITUTION	. 1 1	B.11.		KOKAL ONG GIVE TO CHISTING!
BON SECOURS HOS	spital		rurol, give location)	00
311	7	A nil Ko	2 10000	meet
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	DATE OF HATH	9. AGE (In years	If Under 1 Yr. 11 Under 24 I
	DOWED, DIVORGED (specify)	O 011 02	lost birthdoy	Months Doys Hours Mir
r w m	arried	9-27-73	17	
DA, USUAL OCCUPATION (Give kind of work 108, K) one during most of working life, eyen if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY2
11 · Fo		11/11.		11.8.14
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	U OIII
Paril /		2 . 14	,	
DROWN, Joseph		Darrett		
. Was Deceased E√er in U. S. Arméd Forces? es, no or unknown) (If yes, give war or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0/	ADDRESS
Na	NONE	Hamies	Shop	+
118. (/ 3 3 / 1	CAUSE O	F DEATH	UTO STICE	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	Ra	elno vascular	V Discond	4000
(This daes not mean the mode of dying,	e.g., DUE TO			
heart lailure, osthenio, etc. 11 meons the di	sease,			
	(B) Cer	Elmo Vayendar	Accident	dan.
ANTECEDENT CAUSES		# ######## a a a a a # # # # # # # # #		
DISEASES OR CONDITIONS, il any, rise to the obove couse (A) stoling				1000000
UNDERLYING CONDITION lost.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
		20 A. AUTOPSY? (Yes or No	o) 208, IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORME	D	Ms	IN CERTIFYING CA	USES OF DEATH?
194. DATE OF OPERATION 198. CONDITION WAS PERFORME	218. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, loctory, street, of	fice bldg., INJURY OCCUR?		
21 D. TIME (Month) (Doy) (Year) (House OF INJURY		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that (I) (this hospital) atter	adad the deserred from	10/22	1967 to	10/30/67 1967
	-1-0	A.	•	
that (I) (we) lost saw the deceased aliv			nat in (my) (our) opi	inion death occurred on the
ond hour and fram the causes stated abo	ove. (1) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE				238. DATE SIGNED
delma	Vous M.D. Atte	nding Med. Director	Stoff Phys.	10/80/67
23C. PHYSICIAN'S		23D. ADDRESS	.,	
NAME (Type) CESAR	A. BRAUD M.D.	Con Co	course 1 hm	1.7.0
		1200 Les	wws 1703	peren
REMOVAL (Specify) 24B. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (C	ity, town, or county) (State
Kunia 0 11/1/12	Mandavid	1 1PU =	14. 1.	m d
SA. DATE REC'D BY HEALTH DERT 258. N	AME OF REGISTRAR	EMONIAL DIRECTOR	15519ge	da ADDRESS
UCI 31 1967 12 0	8-9 FA 11/40	10.11	reputtly	are 111 a
TLOCA	KLU C, TULKETINE	1 /Ng/eton	MN eral	Home / Klin Bu
5 150-REV. 1/1/65		1.11		ma.

2000 E

Burnes 11/127 Mondowndya Remonshire Floridge 16 Conflored

BIRT	b/ 1113.3%	CATE OF DEATH Registered No.	67 10338
M.	CASE NO.	THE OF BEATTI	
	AME OF DECEASED	2. DATE AND HOUR OF DEATH	0.00
3 1	LACE OF DEATH IN BALTIMORE, MARYLAND	1A741A5 10-27-61	8:35
٠. ١	LACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	istitution; residence before o
	ULL NAME OF (If not in hospital or institution, give street address or location)	MARY land 21157 C. CITY OR TOWN (If outside city limits, write	Carrall
	NSTITUTION OBGRESS OF TOCOMON)	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
0	Glance all on Many and	D. STREET ADDRESS (If rural, give location)	56-
0	Umversity of MARYLAND	50 POOLE Rd.	
5. 9		B. DATE OF BIRTH 9. AGE (In years	If Under 1 Ye If Und
	MIDOWED, DIVORCED (specify)	lost birthdov)	If Under 1 Yr. If Under Months Days Hours
IOA	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	10 - 12 - 47 70	12. CITIZEN OF
	during most of working life, even if retired)		WHAT COUNTRY?
	RETIRED FARMER	WESTMINISTER	UDA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	y. MATHIAS	LIZZIE ARMACOS	37
15. Yes	Nos Deceosed Ever in U. S. Armed Forces?  (no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	218-36-626	4 mrs Helen S. mathing	Jame
		OF DEATH	INTERVAL BETW
	DISEASE OR CONDITION DIRECTLY		ONSET AND D
	LEADING TO DEATH	Pulmonary Eorma	2.3d1
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	house the to the trade that a before the form the forman about the could be to the to the continue of	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		ada 11 . T	10.1
	ANTECEDENT CAUSES  (B)  DUE TO	Congestive Dear For	use 3-30K
	DISEASES OR CONDITIONS, if any, giving		
	rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION (as).		
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ABITES MELLITUS	2040
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ERT		110	
	OF CONTRIBITING   CALLES OF -   Lamb footons about	office bldg., INJURY OCCUR?	e City, give exact location)
U	DEATH (notify medical examiner)		
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.) While At Not Work At Wo		
	22. I certify that (1) (this hospital) ottended the deceased from	0 -24 1967 to 1	0-27 19
	that A (we) last saw the deceased alive an 10-27	19 67 ond that in(my) (our) ani	nion death accurred or
	ond haur and from the causes stated above. (We) (did) (#18746		accorde di
	23A. SIGNATURE	a train indibudy differ debills	23B. DATE SIGNED
	of Min Blom M.D.	Attending Med. Stoff Phys.	
	23C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS	16-27-67
	NAME (Type)	Marie Com Ak	MO NOSDI
244	M.		
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	24D. LOCATION (C)	ty, town, or county)
1	Surel 1/30/67 Miller m	em Cemelin Krund line	trumster
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	OCT 31 1967 Repub E. Farbuna	4.2. muses, b.	Watmisty
S	150-REV. 1/1/65		

FUNERAL DIRECTOR: IMPORTANT

Bernie 14 30/67 Miller Man Content Willed Westmiller 200

VS 150-REV. 1/1/65

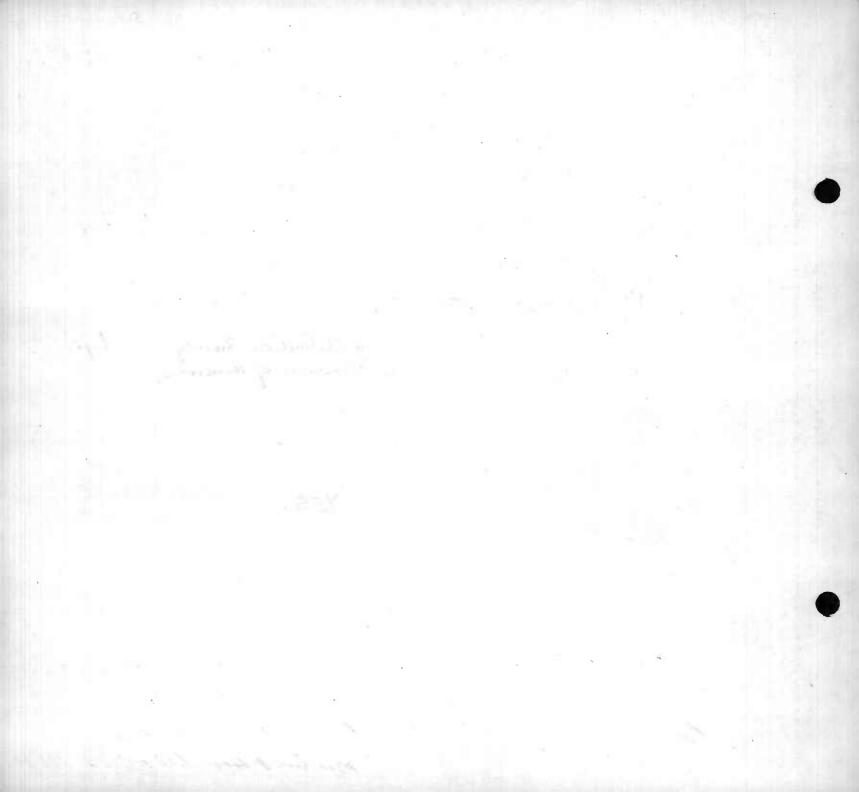
For & land

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

V\$ 150-REV. 1/1/65

(Il outside city limits write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) and that In (my) (ayr) apinian death occurred an the date (City, Iown,



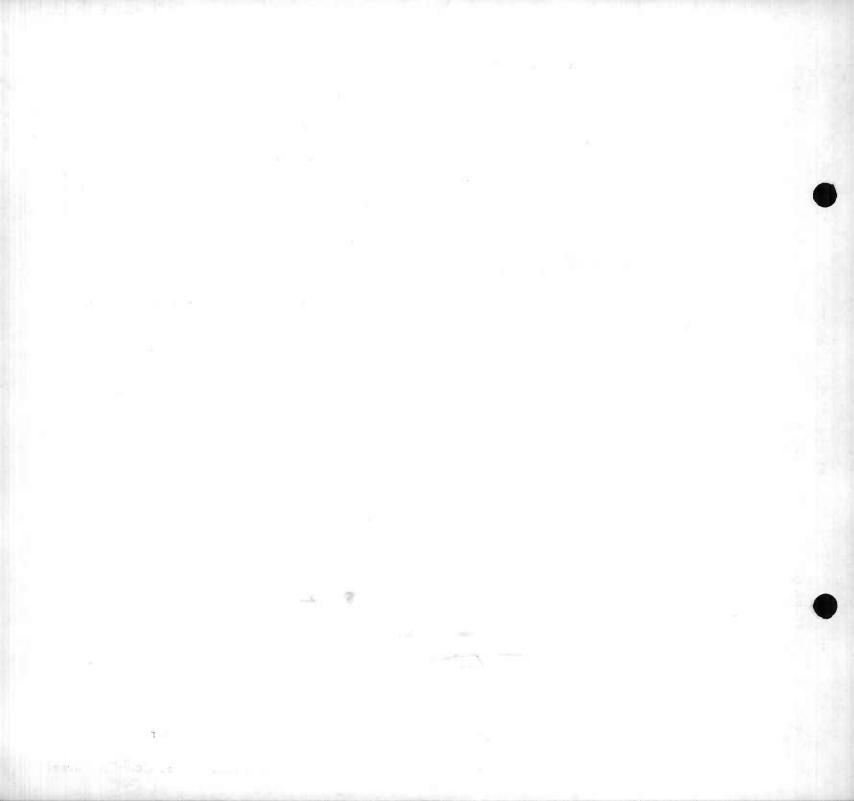
BIRTH NO. M.E. CASE NO.	07	LUJ41 CER	TIFICATE OF	DEATH R	egistered No.	67 10341
1. NAME OF DEC	EASED  UISA  TOE  LE  THE IN BALTIMORE MARY	ED (LUIS	A )	2. DATE AND HO		on; residence before admission
FULL NAME O HOSPITAL OR INSTITUTION		institution, give street	A. STATE	B. COUNTY	city limits, write RURA	
35 01	woch House	g Hospital			give location)	20 (C
5. SEX	6. RACE 7.  IPATION (Give kind of work 1)	MARRIED, NEVER MAR WIDOWED, DIVORCED	(specify) 12-1	16-90 lost b	inhdoys Mos	Jnder 1 Yr. If Under 24 H this Doys Hours Min,
	vorking life, even if retired)			TA/y		WHAT COUNTRY?
15. Was Deceased	4 DEFRANCE Ever in U. S. Anned Force (Ilf yes, give wor or doles)	s? 16. SOCIAL SECURITO	A/L	VERA NEEZ		ADDRESS
1B.	E OR CONDITION DIRE	213-8		PATIEN	T	INTERVAL BETWEEN ONSET AND DEATH
E (This does no heart failure,	LEADING TO DEATH of meon the mode of d osthenio, etc. II meons th plicotion which coused d	ying, e.g., f	A) CA, SOUR TO	Signoid !	Color + 1.	?
DISEASES O	R CONDITIONS, if on obove couse (A) s	( ly, giving	BRONCH	CIERDIIC HE	MA DISEA	?
TO THE D	II FICANT CONDITIONS CO EATH BUT NOT RELATI CONDITION CAUSING IT.	ED TO THE	CEREPAN!	HypoxiA		
10-11.	OPERATION 19B. CONDI WAS PERFO WAS PERFO TIT WAS UNDERLYING 1	SIGNOID COL	JURY (e.g., in or obout 2 ry, street, office bldg., It	AD IN	CERTIFYING CAUSES  (If in Boltimore City,	NGS CONSIDERED OF DEATH?  give exact location)
DEALH (notify  DEALH (notify  21 D. TIME  OF INJURY  (APPROX.)	(Month) (Doy) (Yeot)	(Hour) 21E INJURY OCC	CURRED 2	1F. HOW DID INJURY	OCCUR?	
	that (I) (this hospital) lost sow the deceased	ottended the deceased	from 10-1-	67 ond that In		deoth occurred on the d
ond hour one	From the couses stoted	d obove. (I) (We) (did)	(did not) view the bo	Med. Stoff Phys.		DATE SIGNED
23C. PHYSICIA NAME (T	DR. John	ROSIN	23 D. ADDRE	CH & H		
24A. BURIAL CRE REMOVAL (S 25A. DATE REC'D		24C. NAME OF CEME  Oak Law  SB. NAME OF REGISTRAR	TERY of CREMATORY	24D. LOCAT Ba	It. Md.	wn, or county) (State)  ADDRESS
VS 150-REV. 1/1/	OT 2 1 1967 A	0.68.00		ugh 71 Zann	end >63 &	10

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT

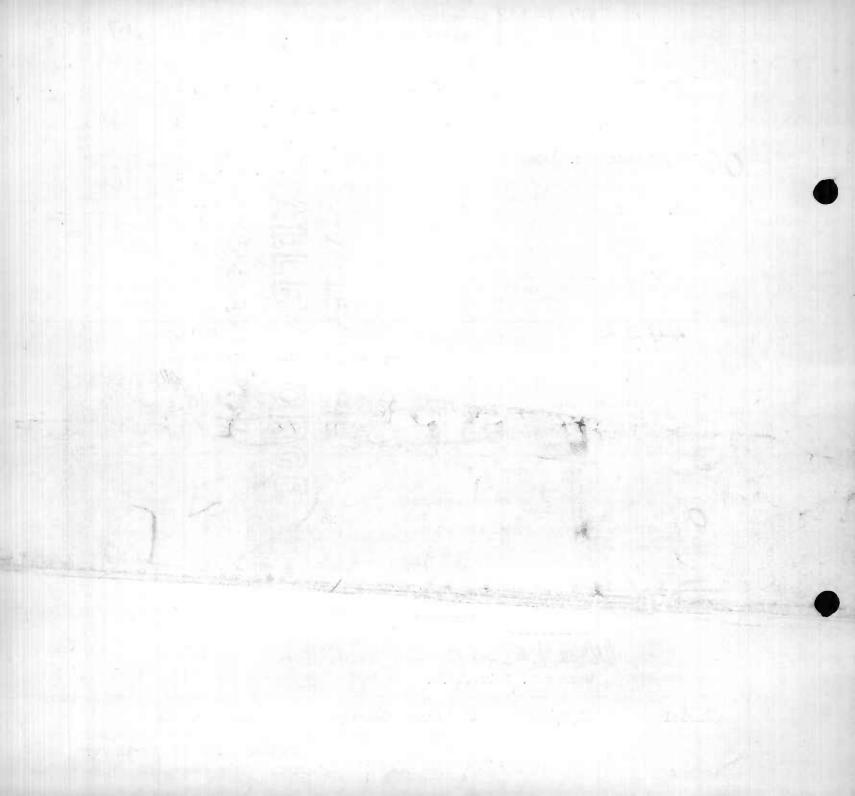
TO MAKE THE THE STATE OF THE PARTY. F 14 12-18-80 72 10/02 Apres miles Voseph D. FRANCESCO MUREA TEE D 213-28-3695 19/100/ CA. Synord Color Letteroschente Henr Discuss Drowdia Kinner Benchust Happins The same of the second same of the 10-27 10-1-07 67 10-27 almento a De John Kenn C/ = 4

тн но.	10342 CERTIFICA	TE OF DEATH Re	gistered No. 67 10342
NAME OF DECEASED		2. DATE AND HO	
Catherine (Katy)		October	1 / 7 4
FULL NAME OF (If not in hospital or in		4. USUAL RESIDENCE (Where dece A. STATE B. COUNTY Maryland	osed lived. If institution: residence before admiss
HOSPITAL OR address or location)  3730 E. Lombard Stre	et	Baltimore	ty limits, write RURAL and give toweship)
20		3730 E. Lombard St	
r White	WIDOWED, DIVORCED (specify)	1/7/05	
housewife	, MND OF BUSINESS OR INDUSTRE	Balto., Maryland	12. CITIZEN OF WHAT COUNTRY?
William Bennett		14. MOTHER'S MAIDEN NAME	
Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of		Mr. John Miller 37	30 E. Lombard Street
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the made of dy)	CAUSE OF	mary Carestron	interval between onset and death
heart failuse, asthemia, etc. It means the injury or complication which coused dec ANTECEDENT CAUSES	oth.)	7	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) sto UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING Mild A	Piapetes	
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, off etc.)	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimare City, give exact locohon)
21 D. TIME (Month) (Doy) (Year) (H OF INJURY (APPROX.)	While At Not While Work	21F. HOW DID INJURY O	CCUR?
22. I certify that (I) (this haspital) at			
and haur and from the causes stated			my) (eer) apinian death accurred an the
23A. SIGNATURE		nding Med. Stoff Phys.	23B. DATE SIGNED
23 C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	ING ST.
DOU - CA		- /	CAN to the said .
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 10/30/67	Sacred Heart	MATORY 24D. LOCATIO	imore, Maryland (Sto



B-525 BIRTH NO. 67 10343 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 10343

IKIH NO.	MEDI	CALLY	MAMINALK 3 C	LKIIIICA	IL OI L	LA III Kegish				-
M.E. CASE NO.	74450		St. St.				en Date			
NAME OF DEC						HOUR PRONOUNC				
WILLEN		urar Bagalol	BENJAMEN	No linear new	Octo	ber 28, 19	67			A . M
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			A. STATE		deceased lived. If ins B. CO	UNTY	dence be	plore od	Jmi s 510	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				yland	corporate limits, writ	- DIIDAI	al alice	to b	(4)	
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION		C. CITT OK TO	AAIA (II OUISIGE	corporote limits, with	e KUKAL OI	na give	1) 6	101		
706	1.1 0. (2				ltimore			/		00
/26 Ais	quith St. (De	OA)			DRESS (If rurol,					
						th Street				
SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIR		9. AGE (In years lost birthday)	Months,			
Female	Negro	Sep	arated	12/15/	15	51			i	
		TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZI	EN OF	JTDV2	
Unempl	orking life, even if retired) OYEC			South	Carolina	2	0,,,	Book	WIKE?	
FATHER'S NAM				14. MOTHER'S	MAIDEN NAME					
พราว	ie Whitting	ton						?		
WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS			
es, no or unknown) (If yes, give wor or dote				Mrs S	Sara Sco	tt, 1705 E	tting	St		
					w					
18, 1/1/	3 X .		CAUSE	OF DEATH				INTERV		
OTHER SIGN TO THE I	G CONDITION LAST.  II IIIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING OPERATION [198, CON	LATED TO T	HE	JOAN AUTORS	Y2 (Yes at No)	208. IF YES, WERE F	INDINGS C	ON SIDE	PFD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OTHER SIGN TO THE I DISEASE OR	WAS PERI		WINCH CIERATION	No	11, 1105 01 1107	IN CERTIFYING CAU	SES OF DE	ATH?		
21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	21 B. homo etc.)	PLACE OF INJURY (e.g., , form, foctory, street, o	in or obout 21 C. Ifice bldg., INJUI	WHERE DID (RY OCCUR?	If in Boltimore City, g	ive exoct lo	ocotion)		
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		WHILE AT NOT AT W	WHILE	ULNI DID WOL	RY OCCUR?				
22.	ify that I held on I	nquiry 🗌			nd that on thi	s bosis, deoth In	my opinia	n		
result	ed from: Natural co	uses X	Accident Suicld	e Hamis	cide 🗌 👢	Indetermined mann	er 🗌			
	1.110	1	7		MEDICAL EX					
ACTUAL		1, 5	-	ASSISTANT I	MEDICAL EX	AMINER X		DAT	E SIG	NED
SIGNATU EXAMIN NAME (T	ER'S Werner	U. Spi	tz, M.D.	ASSOCIATE				10/2	8/6	7
A. BURIAL CREA MOVAL (Specify) Burial			c. name of cemetery of Mt Auburn (	emetry			d	county)	( 5	Stote)
A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR		A	DDRESS		
	J 31 1967 (	Cut !	E. Fallower		Halstea	d 1206 W	North	a Ave	3	
S 151-REV. 1/1/6	55		4 1 2 2 2			1				



and

CERTIFICATE OF DEATH Registered No. BIRTH NO. uch M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH JOSEPHINE (Type or Print) SMITH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) C. CITY OR TOWN (If outside city limits, write RURAL and give township Dulie land If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S D ADDRESS 1100 DUKELAND INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes of No.) 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that in (my) (our) opinion death occurred on the date 238, DATE SIGNED VS: (1) eceased (City, town, or county) HEALTH DEPT- 7258, NAME OF REGISTRAR Cemetry A dis ADDRESS Halstead 1206 W North Ave VS 150-REV, 1/1/65

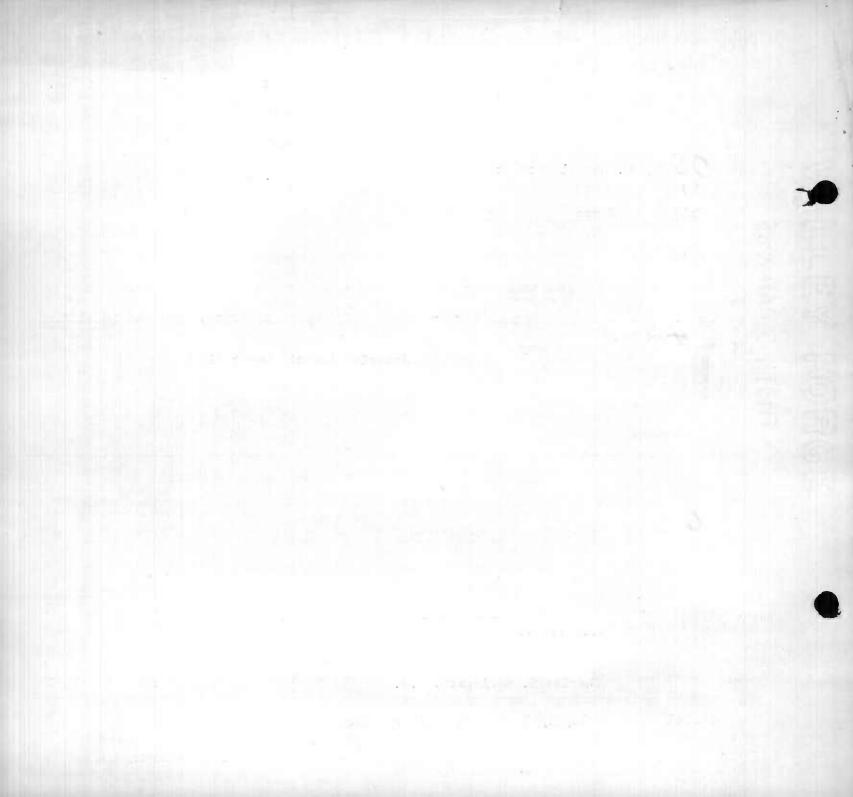
BALTIMORE CITY HEALTH DEPARTMENT



## 67 10345 BALTIMORE CITY HEALTH DEPARTMENT

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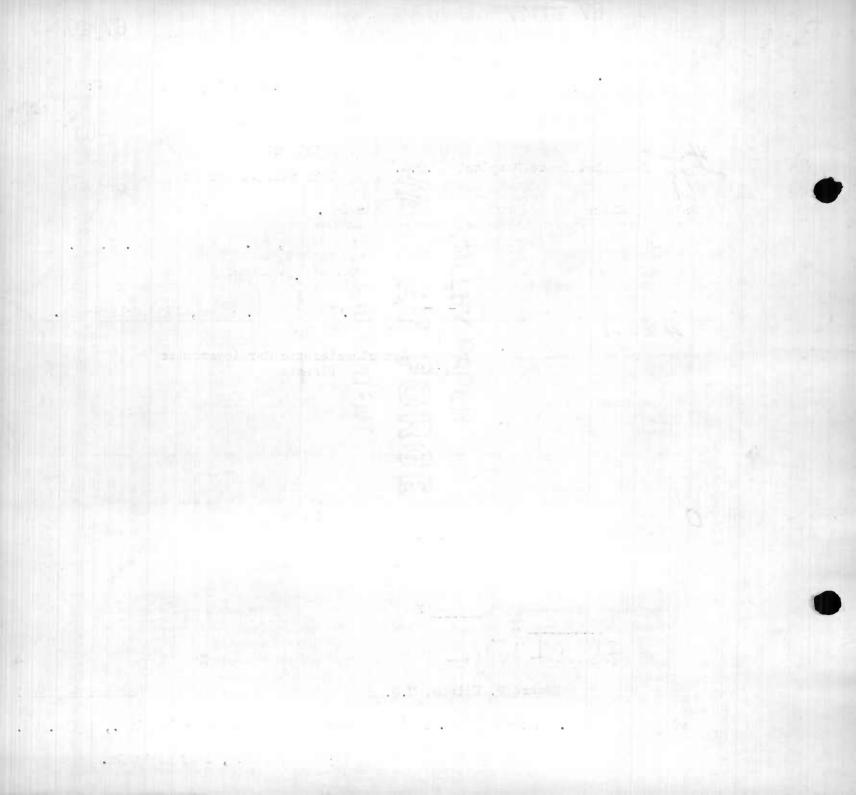
BIRTH NO.	MED	ICAL EX	XAMINER'S C	ERTIFICATE OF	DEATH Registe	ered No. 67 103	15
M.E. CASE NO.	Craced						
1. NAME OF DE (Type or Print)		ORGE	KANE	Octo	ber 19, 1967	3:45 A.	M
	TIMORE, MARYLAND, V			4. USUAL RESIDENCE (Where A. STATE Marylan		titution: residence before odmi JNTY	ssion
HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN (If outsi		RURAL ond give wnship)	ク
00				Baltimo D. STREET ADDRESS (If ruro		// 0-	Margaret
00 540	W. Lanvale	Street			Lanvale Stre	eet	
5. SEX Male	6. RACE Negro	WIDOWED,	, NEVER MARRIED DIVORCED (specify) dowed	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Months, Doys, Hours, A	Hrs Vin.
IOA. USUAL OCC		KIOB KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?	
Retired	1					WIIAI COONIKI	
13. FATHER'S NAA	ΛE			14. MOTHER'S MAIDEN NAM	AE.		
15 WAS DECEASE	D EVER IN U.S. ARME	EOPCES?	7 16. SO CIAL	17. INFORMANT	?	ADDRESS	
	Off yes, give wor or dot		SECURITY NO.	IV. INFORMANT		ADDKE22	
11B. 7 5			217-09-3930	2.0 4 62	herson, 946	Druid Hill Sve	
NOTE OTHER SIGNED TO THE DISEASE OF	LEADING TO DEATH not meon the mode of, osthenio, etc. It meon mplication which coused  ANTECEDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.  III NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING F OPERATION 198, CON WAS PEI	dying, e.g., s the discose, deoth.)  S  ANY, GIVING STATING THE  CONTRIBUTION ELATED TO 1 G IT.  NDITION FOR	(B)(C)	eriosclerotic he			
ZIA. EXTERNA	L CAUSE WAS		PLACE OF INITIPY (o.c.	No			
O UNDERLYING	OR CONTRIB-	home etc.)	e, form, foctory, street,	office bldg., INJURY OCCUR?	ur in boilimore City, gi	ve exect locollon)	
E 21D TIME	(Month) (Doy) (Yea	or) (Hour) 2	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY (APPROX.)				WHILE			
	tify that I held an		Inspection X Au	tapsy and that an th	nis basis, death in n	ny apinian	
resu	Ited fram: Natural ca	uses X	Accident Suicid	e Hamleide	Undetermined mann	er _	
ACTUA SIGNAT		5. S.	Signit M.D	CHIEF MEDICAL E	FWA	DATE SIGNE	D
EXAMIN NAME (	Unaries	S. Spr:	ingate, M.D.	ASSOCIATE MEDICAL E	XAMINER OC	tober 19, 1967	
23A, BURIAL CRE REMOVAL (Specif Burial	MATION, 23B. DATE		Mt Calvary		A A Count	town, or county) (State	e)
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS	
- 0	CT 3 1 1967 (	PO. F.	2. Fallenne	A Halste	ad (1206 W N	orth Ave	
VS 151-REV. 1/1/	65	St. Acres					



BIRTH NO.	67	10346 CERTIFICA	Y HEALTH DEPARTMENT  A TE OE DEATH Registered No.	67 10346
M.E. CASE		CERTIFICA		
1. NAME O Type or Pri	OF DECEASED KENNAR	Noe FRANCES	2. DATE AND HOUR OF DEAT	Н
O DI ACE			10. 30. 67	12-301
CE	AME OF (If not in hospital o	AMENDED r institution, give street 11-13-6	A. STATE B. COUNTY	BIAR
יטזוזצאו	1011		BALTIMORE.  D. STREET ADDRESS (If rural, give location)	53
200	ARE OF DECEASED  ARE OF CONDITION DIRECTLY  LEADING TO DEATH  ANDERLYING CONDITIONS, if ony, giving and foliuse, as a shenia, etc. II means the disease, july at camplicotion which coused death,)  ANTECEDENT CAUSES  ARE OF OFFERATION  ANDERLYING CONDITION I ast.  ARE ACCIDENT WAS UNDERLING  ARE ACCIDENT WAS UNDERLING  ARE OF OFFERATION  ARE ACCIDENT WAS UNDERLING  ARE OF OFFERATION  ARE CONTRIBUTING  ARE OF OFFERATION  ARE CONTRIBUTING  ARE OF OFFERATION  ARE OF OFFERATION  ARE CONTRIBUTING  ARE CONTRIBUTION  AR		7932 Lansdale	Road (34)
5. SEX	6. RACE	WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH  1.28.20  9. AGE (In yeors lost birthdoy)  47	)f Under 1 Tr. II Under 24 Months Doys Hours Min
		08. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	/		Maryland	AMERICA.
			14. MOTHER'S MAIDEN NAME	
Je	38bh Gruzesz	ynski	Constance Hilan	ica.
5. Wos De	coosed Ever in U. S. Armed Force	es? 16. SOCIAL	Constance Milan	ADDRESS
			14 14 111-2-1	2 / 41
18. /	0. // /		DE DEATH	INTERVAL RETWEEN
	DISEASE OR CONDITION DIRE	CTIV		ONSET AND DEATH
		(4)	Terminal Carcinoma Primary Ca in Uterus.	1/2 mths.
		dying, e.g., DUE TO		
		deoth.)	rimary Ca in Uterus.	1/2 45.
	ANTECEDENT CAUSES	(B)	<i>d</i>	
DISEA	SES OR CONDITIONS, if o			
		sloting the (C)		
3.1.50		(20)		
E TO T	R SIGNIFICANT CONDITIONS CO	ED TO THE		
19A.D.	3. 67. WAS PERFO	ormed destruction of Small bowel.	No.	CAUSES OF DEATH?
OR CO	ONTRIBUTING CAUSE OF	home, lorm, foctory, street,		nore City, give exact location)
S OF INJ	IURT	While At Not Wh		
22. 1	certify that (1) (this hospital)	ottended the deceased from	9-3- 1967 10/1	0-30 - 1967
that (I	) (we) last sow the deceased	l olive on 10 -30 .	- 1967 ond that in (my) (our) o	pinion death occurred on the
		, , , , , , , , , , , , , , , , , , , ,		23B, DATE SIGNED
	Jose Er. C.	ela M.D. At	tending Med. Staff Phys.	10/31/67
	TSICIAN'S	<i>y</i>	23D. ADDRESS	1901
N/	AME (Type)	M.D		
24A. BURIA	AL CREMATION, 124B, DATE			(City, town, or county) (Stol
REMO	OVAL (Specify)			
150121	15 VIJ2/6/	-1. STANDLAK	25C. FUNERAL DIRECTOR DUNCAL DIRECTOR DUNCAL DIRECTOR	(2 ///)
ZOA. DAIL	001311967	DO THE STREET A. T. IL.	25C. FUNERAL DIRECTOR	ADDRESS
		4	UNDICICE) FUNEBOL H	WINE DUNDAUX
S 150-RE\	V. 1/1/65		1 13 1 1 1	

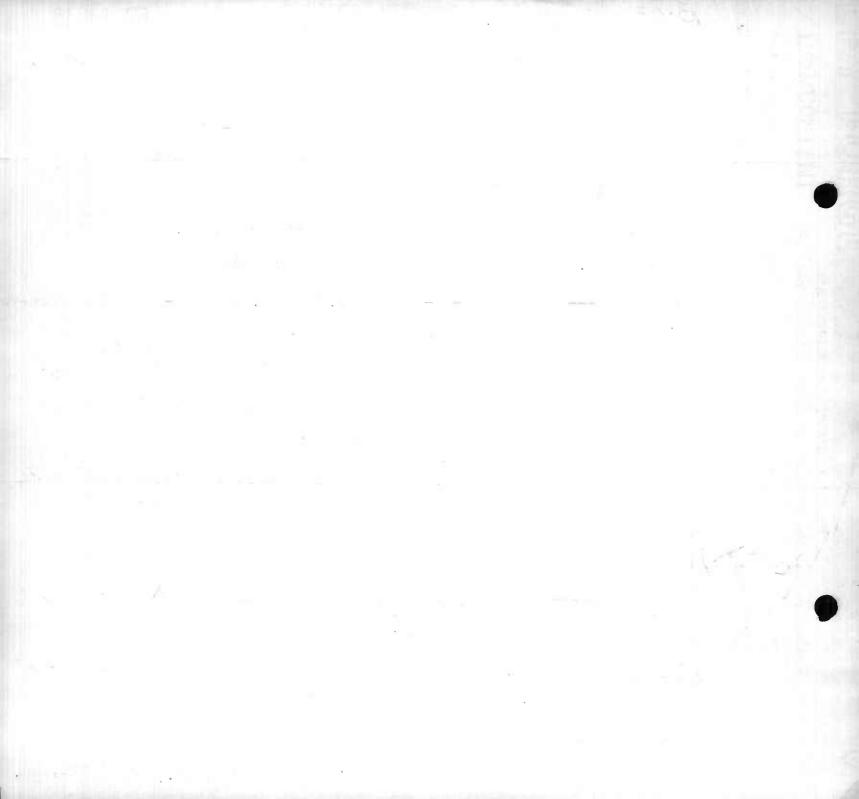
## 67 10347 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10347

M.E. CASE NO.								
I. NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED DEAD					
KENNETH BOWEN			October 29, 1967   2:10 p M.					
3. PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONO	JNCED DEAD	A. STATE	NCE (Where d	deceased lived. If inst B. COU	itution: residence befare admission JNTY		
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If autside corporate limits, write RURA) and give township)					
HOSPITAL OR ADDRESS OR LOC	ATION)		C. CITT OK TOWN	ii doiside	corputate illinis, while	11-04		
43			D. STREET ADDRE	imore	give lacation	7 01		
gg South Baltimo	re Hosp	ital D.O.A.	1623 Webster Street					
5. SEX /   6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs		
Male White	Marri	DIVORCED (specify) . ed	16 Jan. 1	922	lost birthdoyl 45	Months Doys Hours Min.		
IOA. USUAL OCCUPATION (Give kind of wa	rk 108. KIND OI	BUSINESS OR INDUSTR	11. BIRTHPLACE (S	tate ar foreign	cauntry)	12. CITIZEN OF WHAT COUNTRY?		
dane during most of warking life, even if retired)	Morgan	Millwork	Baltimo	re. Md.		U. S. A.		
13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME				
Raymond Bowen			Norma E	. Norf	olk			
15. WAS DECEASED EVER IN U.S. ARME (Yes, na arunknawn) (If yes, give wor ar dat		16. SO CIAL SECURITY NO.	17. INFORMANT			A DDRESS		
37	2.7	215-12-3408	Mnc Vina	inia F	Bowen 16	23 Webster St.		
res World Wa	L TT	CAUSE	OF DEATH	Lilla F	Dowell, To	INTERVAL BETWEEN		
422,11		0/10/01	Of Bertin			ONSET AND DEATH		
DISEASE OR CONDITION D	HECTLY	Art	eriosclero	tic Car	diovascular	c l		
(This daes not mean the mode o heart failure, asthenia, etc. It mean	f dying, e.g.,	XXXXXXX	Dise					
injury ar camplication which caused	death.		2200	400				
ANTECEDENT : CAUSE								
DISEASES OR CONDITIONS, IF		(B) DUE TO						
RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST.	STATING THE	DOE 10						
		(C)						
OTHER SIGNIFICANT CONDITIONS						THE PARTY		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CO		HE	~~~~			••••••••••••••••		
19A. DATE OF OPERATION 19B. CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY?		OB. IF YES, WERE FILE	NDINGS CONSIDERED		
			No					
UNDERLYING OR CONTRIB-	21 B. hame etc.)	PLACE OF INJURY (e.g., , form, factory, street,	in or about 21C. Wi	HERE DID (I	f in Baltimore City, gi	ve exact location)		
Z 21D TIME (Manth) (Day) (Ye	ar) (Haur) 2	TE. INJURY OCCURRED	215, HO	W DID INJU	RY OCCUR?			
OF INJURY			WHILE	W DID HITTO	KI OCCOK.			
22.	m. \	VORK AT W	ORK					
1 certify that I held an	Inquiry 🗌	Inspection X Au	ropsy and	that on this	s basis, death In n	my aplnion		
resulted fram: Natural co	uses X	Accident Suicid	e Hamicid	e U	ndetermined mann	er		
					AMINER [			
ACTUAL SAL	t /1/.	02	ASSISTANT ME			DATE SIGNED		
SIGNATURE	1.000	M. D	•					
EXAMINER'S NAME (Type) F.	dward F.	Wilson, M.D.	ASSOCIATE ME	DICAL EX	AMINEK	October 30, 19		
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)		C. NAME of CEMETERY	CREMATORY	23 D. LO	CATION (City,	, town, or county) (State)		
	2. 1967	Balto. Nation	al Cemeter	v 55	01 Frederi	ck Ave., Balto. M		
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	LDIRECTOR	_ 1100011	ADDRESS		
OCT 31 198	57 Role	b E. tarben, H	Flynn	& Flem	ing, 1422 L	ight St.		
VS 151-REV. 1/1/65		2 7 11 11		0	0,	0-10-0-1		



FUNERAL DIRECTOR: IMPORTANT

B-631 CM		HEALTH DEPARTMENT	67 10348
BIRTH NO.  M.E. CASE NO.	10348 CERTIFICA	TE OF DEATH Registered No.	01 10030
I NAME OF DECEASED	ARAH BRADBURN	2. DATE AND HOUR OF DEATH October 28, 1	967 5:00 A.M.
B. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY	titution; residence before admission)
FULL NAME OF (If not in hospital or i HOSPITAL OR oddress or location) INSTITUTION	nstitution, give street	Maryland C. CITY OR TOWN (If outside city limits, write R	
0 6 3619 Dudl	ey Avenue	Baltimore - 21213  D. STREET ADDRESS (If rurel, give locotion)  3619 Dudley Avenue	e 25 0
6. SEX   6. RACE   7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Mrs.
Female White OA. USUAL OCCUPATION (Give kind of work 10)	WIDOWED DIVORCED (specify) WIDOWED  B. KIND OF BUSINESS OR INDUSTRY	March 18,1874 birthdoy 93	Months Doys Hours Min.
Housewife  3. FATHERS NAME	at Home	Calvert County, Md.	WHAT COUNTRY? USA
John T. Got	t	Isabelle Boyd	
5. Was Deceased Ever in U. S. Armed Forces' Yes, no arunknown) (If yes, give war ar dates o	service) SECURITY NO.	17. INFORMANT  J1 Mr. James W. Bradburn-	ADDRESS 1713 Windemere Av
DISEASE OR CONDITION DIRECT LEADING TO DEATH  (This does not mean the made of dy heart foilure, astheria, etc., It means the injury of complication which caused de ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony itse to the above cause (A) structure to the control of the condition last.  OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ing, e.g., e disease, ath.)  (B)  (B)  (B)  (C)  (TRIBUTING  TO THE  TON FOR WHICH OPERATION	in or about 21 C. WHERE DID (If in Boltimore	ONSET AND DEATH  ONSET
21D. TIME (Month) (Doy) (Year) (I	While At Not White Work	21F. HOW DID INJURY OCCUR?	. 12 1/
22. I certify that (I) (this hospitel) a that (I) (w) lost saw the deceased and hour and fram the causes stated	alive an OCF 36	195 1 ta )  396 7 and that in (my) (ayr) apir  view the body after death.	lan death accurred an the date
23A, STENATURE	21 1	ending Med. Stoff	23B, DATE SIGNED 04729 1967
NAME (Type) Donald W	Mintzer M.D.	3009 Evergreen A	venue
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (Cit	y, town, or county) (Stote)
	Woodlawn Ce	metery Baltimore 25C. FÜNERAL DIRECTOR H. Sander & Sons Tro	, Maryland Baltimore, Md.

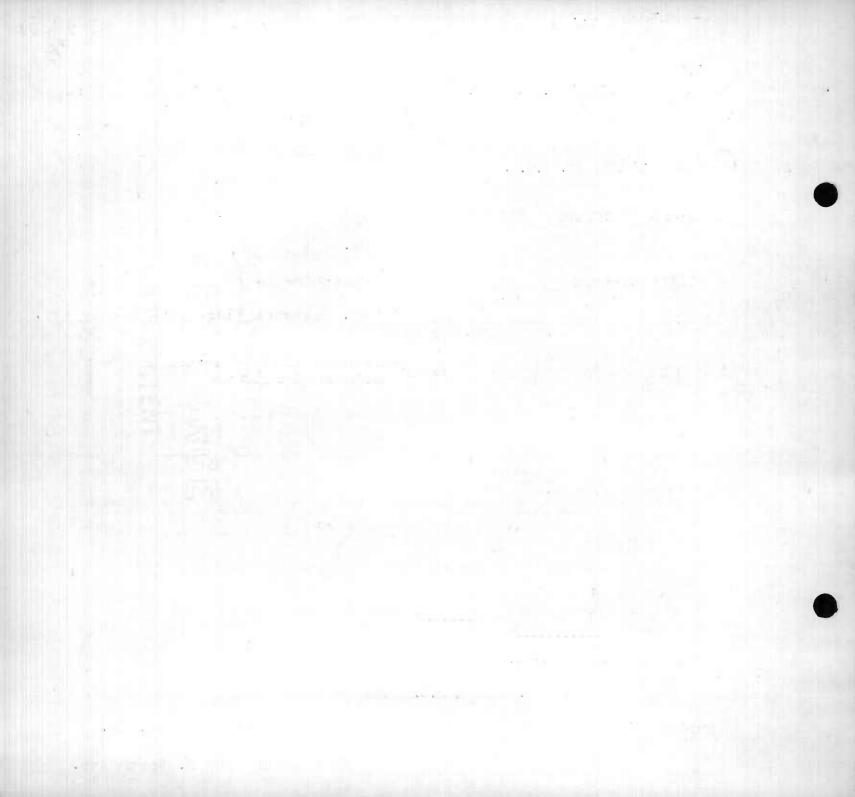


M.E. CASE NO.			- GEICTITO	TE OF DEATH				
NAME OF D Type or Print)		100 YS 70 107.1	77		ND HOUR OF DEATH		9:30 P.	
PLACE OF D	CATHERIN DEATH IN BALTIMORE, MA		L		BER 28,196			
. TEACE OF E	DEATH IN BALLIMOKS MA	RILAND		4. USUAL RESIDENCE (Who	NTY	institution: reside	nce before damission	
FULL NAME		or institution,	give street	MARYLAND				
INSTITUTION		n/		C. CITY OR TOWN (If or		RURAL and giv	e township)	
00	3031 Ea	gtern	Avenue	BALTIMORE D. STREET ADDRESS (III	rural, give location)		100	
00	الما عرفر	11 100 6.	21.4 01140	3031 Easte		9		
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Y	r. If Under 24 Hrs	
F	TAT		ngle (specify)	Dec.28,1887	lost birthday	Months Day	s Hours Min.	
	CUPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN	OF	
ne during most	ol working lile, even if retired)					WHAT	COUNTRY?	
Seamstress Retired				Illinois		USA	USA	
				14. MOTHER'S MAIDEN NA				
	nry Diehl				eth Meist	ter		
Was Deceas	ed Ever in U. S. Armed Far	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESS	
NO		212	41 1	Mr Charles	M. Diehl 3	3031 Ea	stern Ave	
1B. Z.Z.	2 2 /1		CAUSE O				RVAL BETWEEN	
DISE	ASE OR CONDITION DIR	RECTLY				ONS	ET AND DEATH	
	LEADING TO DEATH		Petra	e ochratic carde	- mules	To not		
(This daes	nat mean the made of	dying, e.g.,	DUE TO	e soure caran	nuscular	*******************		
	e, asthenia, etc. It means amplication which caused		/	1601				
injury ar c	ANTECEDENT CAUSES		(B) dise	rse				
DISTASES			DUE TO	MaWL n sine 900 000 0000 as 00 as a san as a sa 0 a ann a as a				
	OR CONDITIONS, if the above cause (A)		(6)					
	NG CONDITION last.	araning into	10/	**************************************	*******			
	- 11							
	NIFICANT CONDITIONS C			2. 21	. 1			
	DEATH BUT NOT RELA OR CONDITION CAUSING I		Guerra - la	upe undelerun	red			
19A. DATE	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE	FINDINGS COL	N SI DERED	
$\Omega$				No	IN CERTIFIED C.	AUSES OF DEA	in:	
21 A. ACCIE	DENT WAS UNDERLYING DENT WAS UNDERLYING CAUSE OF	218,	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give ex	act lacation)	
DEATH (not	lify medical examiner)	etc.		ince bidg., INJOKI OCCOK!				
21 D. TIME	(Month) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID IN,	IURY OCCUR?			
OF HAJORI			ile AI Not While		oki occok.			
(APPROX.)		Wo				0 00		
22. I certi	fy that (1) (this haspital	) attended ti	he deceased from	13 Wilder	1967 ta 2	8 October	19 67	
that (I) (w	e) lost sow the decease	d olive on	28 October	19.67 ond th	not in (my) (our) as	inion death o	courted on the do	
-				iew the body ofter deoth.	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,			
23A. SIGNA		71 ODOVE. (1	/ (we) (ala) (gua not) v	lew the body offer deoth.		23B, DATE SI	CNIED	
237. 31011	WA	//	M.D. Atte	anding res. Alord	21011			
1	ours Varu	als	Phy	med. Director	Stoff Phy s.	10/3	30/67	
23C. PHYSIC				23D. ADDRESS				
	John A.	Barnab	у м.р.	1531 East	t North Av	renue		
A. BURIAL C	REMATION, 248, DATE		AME of CEMETERY of CRE			City, town, or co	unty) (State)	
REMOVAL	(Specify)							
and 0 1				T 0 30 17				
Buria:			rkwood Ceme		Baltimore	Marylai	nd	
Buria:	T TT/T/		F REGISTRAR	25C. FUNERAL DIRECTO	R	11/2	ADDRESS	
Buria:				25C. FUNERAL DIRECTO	R	11/2		
Buria.	CT 3 1 1967				DER & SONS	INC.		

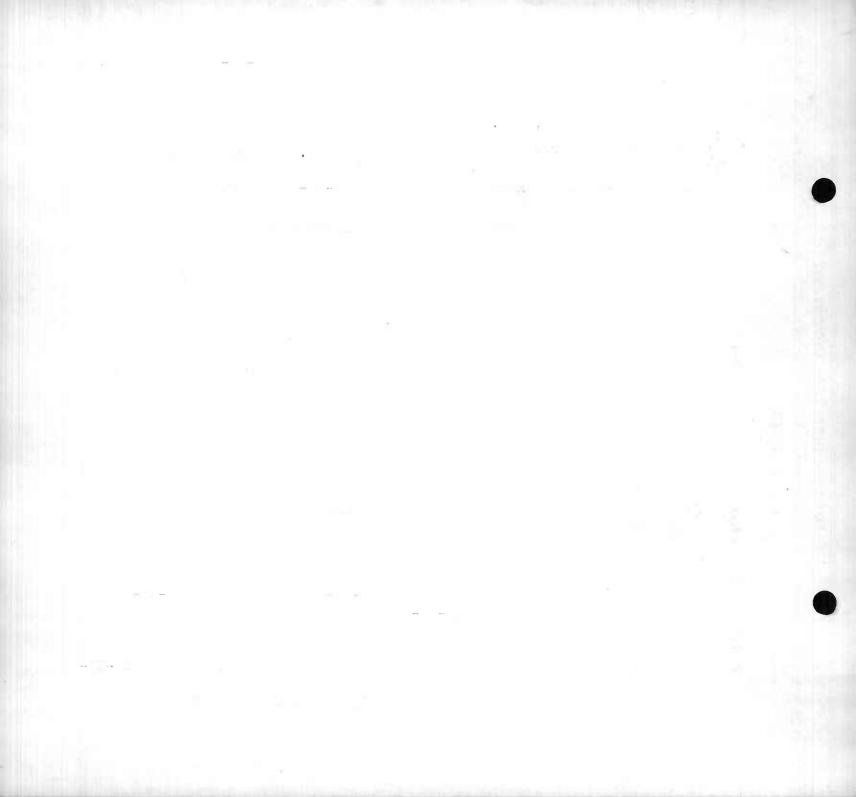
Been Surveilliand Same Winds

G-4	26		TY HEALTH DEPARTMENT	67 10350
BIRTH NO. M.E. CASE NO.	67	7 10350 CERTIFICA	ATE OF DEATH Registered No. —	01 10000
I, NAME OF DE	CEASED		2. DATE AND HOUR OF DEATH	
(Type or Print)	GEOF	RGE AUGUST GLASH	ER (0,1,28 191)	161356
PLACE OF DE	EATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived, Il inst	itution: residence before odmission
FULL NAME		or institution, give street	A. STATE B. COUNTY Maryland	
INSTITUTION	oddress or locotic	on)	C. CITY OR TOWN (If outside city limits, write RL	JRAL and give township)
1-	House in t	the Pines	Baltimore - 21218	9-0.
40	5837 Belai	r Road	D. STREET ADDRESS (If rurol, give location)	
	J-J1		724 E. 36th Stree	Շ
. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
Male	White	Widower (specify)	Jan. 21, 1882 lost birthdoys	Months Doys Hours Min.
DA. USUAL OCC	UPATION (Give kind of wor	1 10B, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of	f working life, even if retired)			WHAT COUNTRY?
Sup. Po	stal Dept.	Retired	Baltimore, Maryland	USA
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
Fa	ward Glase	r	Margaretha Popp	
	d Ever in U. S. Armed Fo			Appece
es, no or unknow	(If yes, give wor or dot	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		216-34-7693	Mr.Wm.Miller -	
1B	0 /1		OF DEATH	INTERVAL BETWEEN
TOISEA	ASE OR CONDITION DI			ONSET AND DEATH
DISEA	LEADING TO DEATH		ti a d. BITT	
(This does	not mean the mode of	(A) (\$ a	brindered. c ( )	
heort foilure	, osthenia, etc. It meons	s the diseose,		
injury or co	mplication which coused	d deoth.)		
	ANTECEDENT CAUSES	S (B)		
DISEASES	OR CONDITIONS, if			
rise lo Il	he above cause (A)			
UNDERLYIN	IG CONDITION last.	***************************************		-9
	- 11		۸	
OTHER SIGN TO THE E	DEATH BUT NOT REL	CONTRIBUTING () \ \.	1	
DISEASE OR	DEATH BUT NOT REL.  CONDITION CAUSING	ATED TO THE TO LATE	Lypertroly	
		NOTION FOR WHICH OPERATION	20A AUTOPSY? Wes of No. 20B, IF YES, WERE FI	NDINGS CONSIDERED
19A. DATE O		RFORMED	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDE	ENT WAS UNDERLYING	218 PLACE OF INTERVAL	in or about 21C WHERE DID	City of un proof land.
_, OR CONTRIB	UTING CAUSE OF	home, lorm, foctory, street,	office bldg., INJURY OCCUR?	City, give exact location)
U	y medicol exominer)	etc.)		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not Wh	nile 🗀	
(AFFROX.)		Work At Wor	k 🗀	
22. I certify	y that (1) (this hospite	H) ottended the deceased from	1960 to 6ct	28 1967
		ed olive on Gcl. 77	10	
				on death occurred on the do
and hour or	nd from the couses sto	oted obove. (I) (We) (did) (did Tiot)	view the body ofter death.	
23A. SIGNAT	URE			23B. DATE SIGNED
1/2/	1/2	M.D. A	Itending Med. Stoff Director Phys.	10/2/19
23 O PHYSICI	ANS JUGS	De To I)		10/30/6/
NAME (	Type		23D. ADDRESS	
	J. Hen:	ry Haase M.D	2926 E. Coldspring	Lane
4A. BURIAL CR	EMATION, 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City	, town, or county) (State)
REMOVAL	(Specify)	A STATE OF THE STA		,
Buria	10/31	/67 Moreland Mem	norial Park Baltimore,	Maryland
SA. DATE REC'E	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
06	131 1987 0	a. 8-8 Fall 40	H. Sander & Sons. Inc.	Baltamone Md.
S 150 PC1/ 1/1	145	Man, MT P ATTA LACUMENT	H. Sander & Sons, Inc.,	Baltimore, Mu.
S 150-REV. 1/1	703			





VS 150-REV, 1/1/65



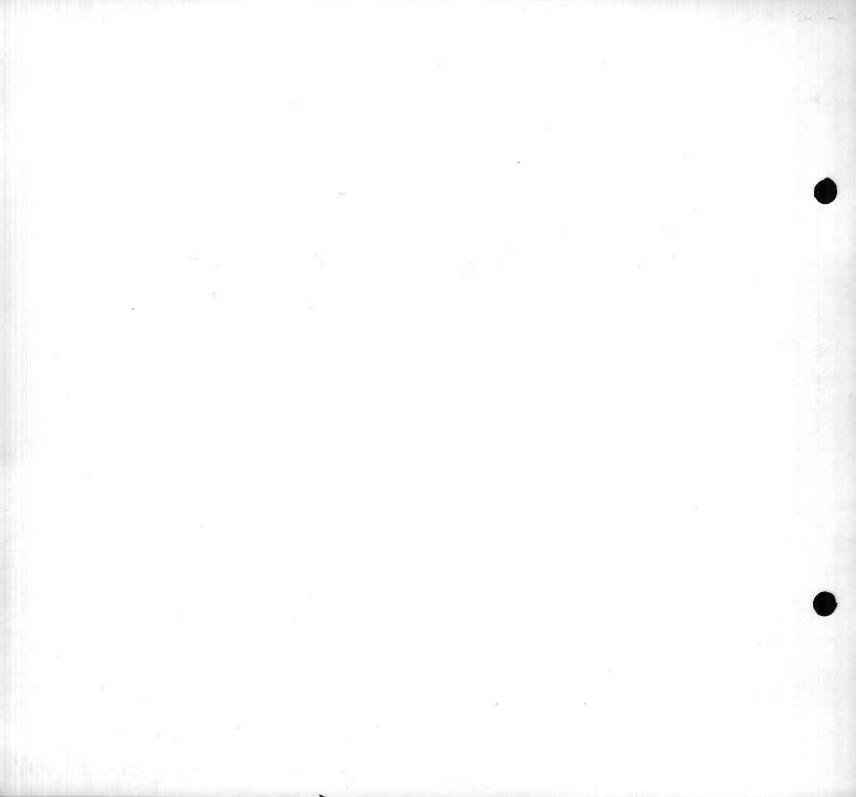
77-140 67	10353 BALTIMORE CI	TY HEALTH DEPARTMENT	V., 67 10353
	CERTIFIC	ATE OF DEATH Reg	istered Na.
M.E. CASE NO.		2. DATE AND HOU	R OF DEATH
Typo or Print)	1 ,0,,,,,	1.35	1000 110000
PLACE OF DEATH IN BALTIMORE, MAR	JUAVACL	Usual RESIDENCE (When deco	sed lived. If institution; residence before admission
TEACE OF BEATH IN BALLIMORE, MAK	TEAND	A. STATE B. COUNTY	sed ivod. If institution; residences before gamession
FULL NAME OF (If not in hospital a	ir institution, give street	Mg.	9.9.6
HOSPITAL OR address or lacation)		C. CITY OR TOWN Ilf outside city	/ limits, write RURAL and give township)
	. 2 ()	Anna poli	52-10
Johns Hopkins	Hospital	D. STREET ADDRESS (If Turol, giv	
33		2049 Besto	
SEX 6. RACE	7. MARRIED, NEVER MARRIED		
C O	WIDOWED, DIVORCED (specify)	lost birth	An years If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min.
+ 0	bound. W	4-4-07 6	0
A. USUAL OCCUPATION (Give kind of work)	IOB. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE State ar foreign caun	
one desing mast af warking life even it retired)		MNV.	WHAT COUNTRY?
If when		11100	(NO) To
S. FATHER'S NAME	7 /	14. MOTHER'S MAIDEN NAME	
Spmuel P	20100	JUSIE Y	11110
. Was Deceased Ever in U. S. Armed Porc	es? 16. SOCIAL	17. INFORMANJ	ADDRESS
es, no or unknown) (If yos, give war or dates	af sorvice) SECURITY NO.	0 /	(d. )ma
No	213.36317	Lague Trum	noon unnaille
18./70 V	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	ECTLY		ONSET AND DEATH
LEADING TO DEATH	.0121		2 200
(This does not mean the made at	dying, e.g., DUE TO	of anomators	- mo
heart failure, asthenia, etc. it means	the disease,		
injury or complication which caused	death.)	10.00	116 100
ANTECEDENT CAUSES	DUE TO	rams squamous	C 17
DISEASES OR CONDITIONS, if a		of tubonetri	····
rise to the above cause (A)	stating the (C)	U	
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CO			
TO THE DEATH BUT NOT RELATED TO SEE TO THE DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROPER			
19A. DATE OF OPERATION 198. CONE		20A. AUJOPSY? (Yos ar Na) 20B. (	F YES, WERE FINDINGS CONSIDERED
GI 2 CA WAS PERF		IN C	ERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	Damiel Man	in at shout 21C WHERE DID	(If in Boltimore City pine areat leaster)
OR CONTRIBUTING CAUSE OF	homo, farm, factary, street,	office bldg., INJURY OCCUR?	(If in Baltimore City, give exact location)
DEATH (natify modical examiner)	etc.)	-	
21D. TIME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OC	CCUR?
S OF HAJORI	While At Not W	/hilo 🗀	
(APPROX.)	Work At Wo		
22. I certify that (1) (this hospital)	attended the deceased fram	10 115 1967	10 10 28 1967
that (1) (we) last saw the deceased		17	
			ny) (aur) apinian death accurred an the da
and have and from the causes state	ad abave (I) (We) (did) (did nat	) view the bady after death.	
23A. SIGNATURE			23B, DATE SIGNED
1) \		Attending Mod. Staff	1 1212117
33C BHYSICIANIS	- June	hys. Director Phys.	10/55/01
23C. PHYSICIAN'S NAME (Type)	1)	23D. ADDRESS	1
0. 80.011	Hume M.	o. Johns Hopkin	c. Horas tal
4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CHMETERY OF	CREMATORY 240. LOCATIO	(State)
REMOVAL (Specify)	10100	107	
15 WIAR 11.119h	7 CHILLING	V XXC	Msan Ille
SA. DATE REC'D BY HEALTH DEPT.	ESB NAME OF REGISTRAR	250 FUNERAD DIRECTOR	ADDRESS
001 9 1 1301 (Police)	r E, stankey M. B.	Millemonton	DOHL MARIANIA
		West Complete	CH WOUNDING
'S 150-REV. 1/1/65		0 0 0	

SAMUEL PARKER

Susie Young



VS 150-REV. 1/1/65



5	-1	1	5		
>	in a hospital and a cause of death	ause; (5) Deceased 🕟	Ittendance on the	or to death. Such	
TANT	istant if death occurred he direct or contributin	cind; (4) Undetermined c	death was in regular a	te on the deceased price	nal disposition is made.
TOR: IMPORT	miner or his assi miner. Also, if th	fracture of any k	ho pronounced d	egular attendance	embalmed or fir
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🤝	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🦙	ised prior to death); and (6) No physician was in re	written approval must be obtained before the remains are embalmed or final disposition is made.
	This the b	show	Was	dece	Writt

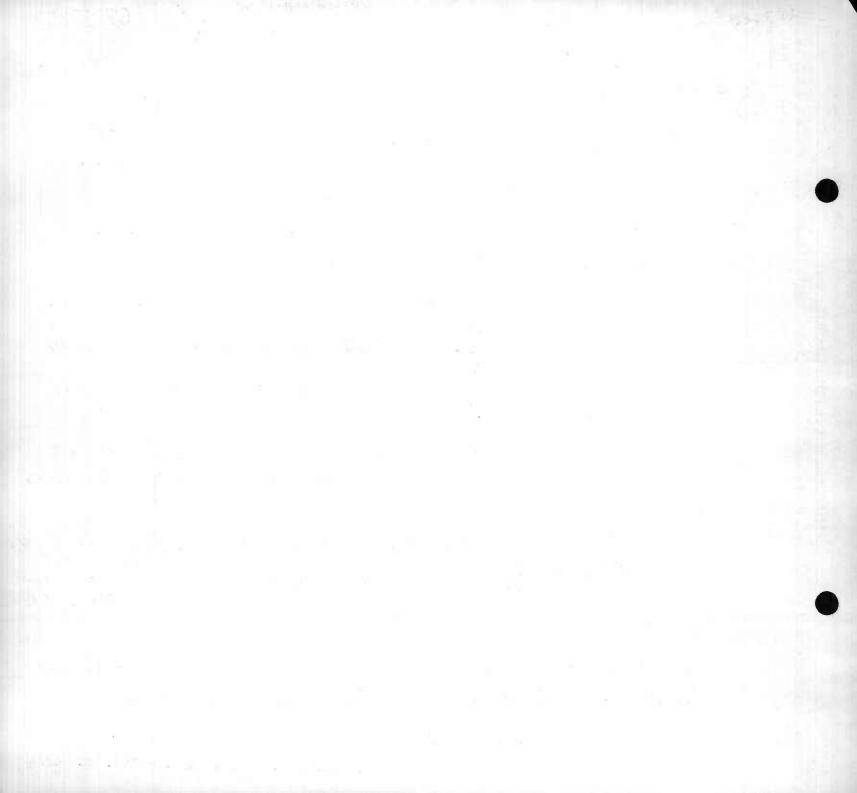
67 4025	BALTIMORE CITY	HEALTH DEPARTMENT		67	10250
BIRTH NO. 07 10331	CERTIFICA	TE OF DEATH	Registered No	07	T6999
M.E. CASE NO.	CERTIFICA				
(Tuno or Print)		101	HOUR OF DEATH	/	0 20 0
	'ern	Uctob	er 30, 190	57	0:30 PM
3. PLACE OF DEATH IN BALTIMORE, MARTLAND		4. USUAL RESIDENCE (Where		slitution: reside	ence before admission)
NO. CASE NO. MAE OF DECEASED or Print)  Homer & Scovern  ACE OF DECEASED or Print)  Homer & Scovern  ACE OF DEATH IN BALTIMORE, MARKLAND  LL NAME OF (If not in hospital or institution, give street of spiritation of oddress or location)  STITUTION  GOULD (Onvalesarium of the street of the street of spiritation of oddress or location)  GOULD (Onvalesarium of the street of the street of specify)  Wildowed (SUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST (Wildowed SUDING MARKED OF BUSINESS OR INDUST (Wildowed SUDING MARKED OF BUSINESS OR INDUST (WILDOW)  RETURN OF THE STAND OF BUSINESS OR INDUST (WILDOW)  SEA DECEASED OR CONDITION DIRECTLY LEADING TO DEATH  This does not mean the mode of dying, e.g., cool failule, asthenia, etc. It means the disease, nijury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving se to the above cause (A) stating the INDUST (CONDITION IOS).  INDERLYING CONDITION CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSEO (The DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH (Indiffy medical examined)  A. ACCIDENT WAS UNDERLYING WAS PERFORMED  A. ACCIDENT WAS UNDERLY WAS PERFORMED  A. ACCIDENT WAS UNDERLY WAS PERFORMED		Md.	Baltimore	2 (0)	
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gould Convalesarium			Irol, give location)		
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	EVED AA A DDIED		. AGE (In years	If IInday 1	V. It Hadas 24 Hss
, WIDOWED,	DIVORCED (specify)	1 1 1 C	st birthdoy)	Months Do	Yr. If Under 24 Hrs. ys Hours Min.
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	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN WHAT	OF COUNTRY?
		Illinois		11.5	A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	U.J	0/ 10
		Anna	?		
Waxaan 11 Scovedt		717000	•		
5. Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT			DDRESS
	SECORITI NO.	Mrs Eloise En	inest 4213	Kenwa	ood Ave
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72011	CAUSE	F DEATH	100		SET AND DEATH
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heart failure, asthenia, etc. It means the disease,	00110	1 1 1	VIO		
injury or camplication which caused death.)	Zio.	at all little		3	Dunn
ANTECEDENT CAUSES	DUF TO	con-gar vie	SO 400	0	o you
DISEASES OR CONDITIONS, if any, giving			4010		
rise to the above cause (A) stating the	(C)		# ** * * * * * * * * * * * * * * * * *		77 88 60 ±0 ±657 0 00 0±77 8 778 8 600 777 777
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O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		1844			
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OR CONTRIBUTING CALLE OF	ACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give e	xact location)
▼ DEATH (notify medical examiner) etc.)	,				
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, II	NJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?		
OF INJURY					
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239. PHYSICIAN'S	1	23D. ADDRESS	10	1	2 10
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200 411 1. WV	1107	0 ( , , , , , ,			Md
REMOVAL (Specify)				ly, town, or co	ounty) (Stote)
burial Lou	idon Park (	emetery Ba	ltimore, 1	nd.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR			ADDRESS
and the second second second	Fallon A.R.	Leonard J.	Ruch ann	Ralti	
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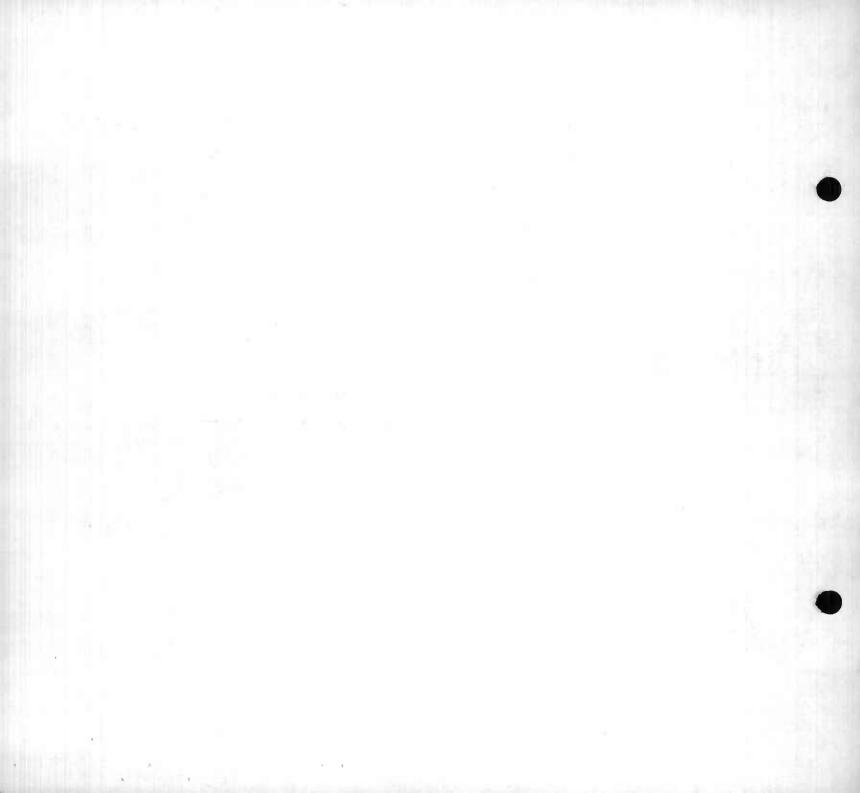
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VS 150-REV. 1/1/65



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3	of d of d Dece on ath.	3. PLAC	E OF DEATH IN BALTIM	MORE MARYLAND	- 4	4. USUAL RESIDENCE (W	10-17-67 W	titution: rosidenco before odmissi	M
00						A. STATE B. COL	TY		OH
3 -	5 8 5 P D	HOS		n hospital or institu or location)	tion, give street	C. CITY OR TOWN (IF	Dalflmme outside city limits, write R		
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~	be dad	5. SEX	6. RACE		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 h Months: Doys Hours Min.	
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Z	<b>*</b>	15. Was	Docoosed Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT	y Driv	ADDRESS	
Z	istan he d kind; deat deat ce or	(Yes, no	unknown) (If yes, givo	wor or dotos of sorv	SECURITY NO.	Ca (	1000-	ADDRESS	
MPORT	t t	18.	162 M.W.	11	CAUSE	OF DEATH	E C. PETE	INTERVAL BETWEEN	_
IPO	his a so, if any nced endo		DISEASE OR COND	ITION DIRECTLY		_		ONSET AND DEATH	
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3 0	frac frac o p		ANTECEDENT		(B) Cor	onain acteur	disease		
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AS.	medica medica burns physici an was	E TO	HER SIGNIFICANT CONT	NOT RELATED TO	UTING THE				
ER L	dy dy he icia	Y 19A	DATE OF OPERATION	198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or )	No) 208. IF YES, WERE FI		
2 N	ch Bo Bo th th	ERTIFIC V61		WAS PERFORMED		YES	IN CERTIFYING CAU	SES OF DEATH?	
OVE	the al by (2) (2) ere o ph	OR	- ACCIDENT WAS UND CONTRIBUTING CAU	SE OF	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)	
25	Z S S Z Z Z	0 210	TIME (Month) (Do		21E. INJURY OCCURRED	21F. HOW DID IN	ITURY OCCUR?		
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1	ap to to fall (in h);		(we) last saw the		4	19.6.7 and 1	that in(my) popin	ian death accurred on the d	ote
38	ust be a cased to dent of ospital death) must b	and	haur and from the ca	uses stated abov	ro. (1) (Hay (did) (did no)	view the bady after death			
12	5 0 5 5	234	SIGNATURE	m D	/ ) M.D. A	ttending Med.	Stoff	23B, DATE SIGNED	
20	rel a b r to	23C	PHYSICIANS	111 puch	les PI	23D. ADDRESS	Phys.	10/21/67	
per mages	was r was r A at at prior		Monica M.	Buckley	М.С	The state of the s	Hopkins Hos	pital	
T.	# >EADO	24A. BU	RIAL CREMATION, 24B.		C. NAME of CEMETERY or C			, town, or county) (State)	)
1 W	his certiine body hows: (1) as D.O. eceased	_	cial lo	/30/1967	Druid Ridg	re Pil	kesville, B	alto.Co., Md.	
50		25A. DA	TE REC'D BY HEALTH C		ME OF REGISTRAR	25C. FUNERAL DIRECTO	& Sons Co	4905 York Rd	
	F = 10 3 10 3		604 0 T	المال العلا	ent E. stanleyMD	U.M. GEHKTHE	Balto 12	Md	

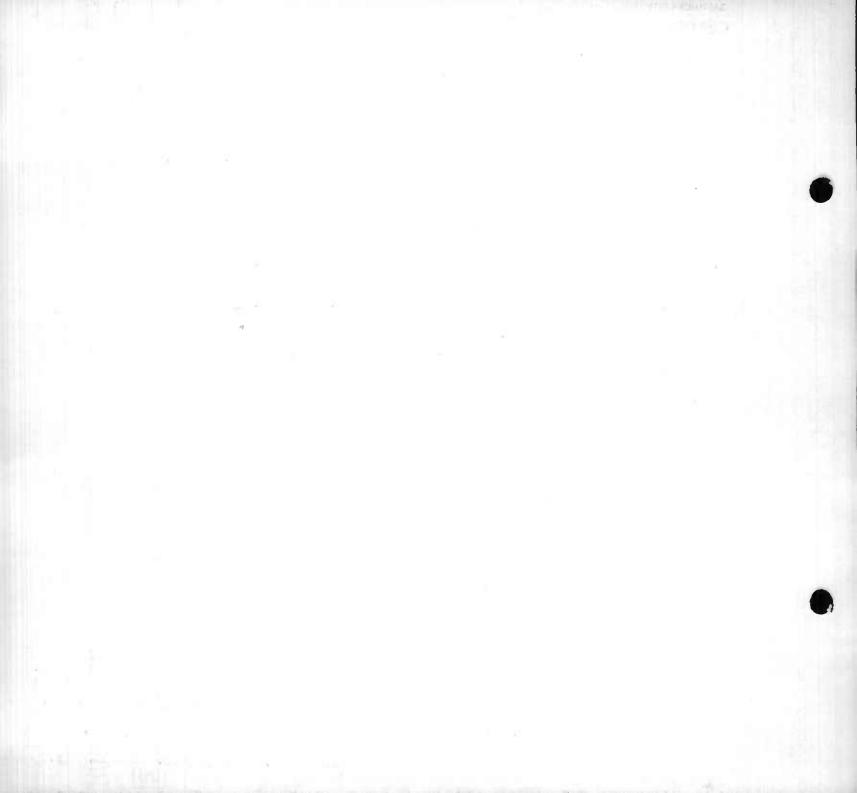
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BIRTH NO. 67 1	11:010 1	Y HEALTH DEPARTMENT	Registered No	67 10361
M.E. CASE NO.	CERTIFICA	TE OF DEATH		
Type COLLETT, ELLA R		ОСТО	BER 29, 1	967   2:45 Å
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ND .		ere deceosed lived, if	institution: residence before admissi
FULL NAME OF (If not in hospital or ins	titution, give street	MARYLAND		BUBAL
INSTITUTION	JOS DITAI	BALTIMORE X2		RURAL ond give te hship)
40 ST AGNES H	LKENS AVENUES	D. STREET ADDRESS	rurol, give location)	11111
BALT IMORE	MARYLAND 2122	3355 SHADE	BNOOK 1014	Witherspoon Rd
W	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
FEMALE WHITE DA. USUAL OCCUPATION (Give kind of work 108, 1	IVORCED	10-05-86		
one during most of working life, even if retired)	MIND OF BUSINESS OK INDUSIKI			12, CITIZEN OF WHAT COUNTRY?
Retired School Teacher	er	WEST VIRG		USA
		14. MOTHER'S MAIDEN NA		
CLARK STALNAKER	11.6 505111	ELIZABETH	DODUK I LL	ADPORE
es, no or unknown) (If yes, give wor or dotes of s	Service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		ST. AGNES HO	SPITAL'S	
18. 3 3 X I		OF DEATH	2	ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	1	CVA-G	021h29	vasos las
(This does not mean the mode of dying heart failure, astherio, etc. it means the c				Mandal.
injury ar camplication which caused death				con 100
ANTECEDENT CAUSES	(B)		***************************************	
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) statis	giving ng lhe (C)			
UNDERLYING CONDITION lost.	(0/			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED	RIBUTING TO THE			
OTHER SIGNIFICANT CONDITIONS CONTE	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID INJURY OCCUR?	(If in Boltime	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Ho	ut) 21 E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX)	While At Not Whi			
22. I certify that XI) (this haspital) atte	ended the deceased from C	CTOBER 21	19 67 to OC	TOBER 29 19 67
that X) (we) lost saw the deceased ali				ofnion death accurred an the
and hour and fram the couses stated a	bove.X(1) (We) (did) (X(X)X)			
23A. SIGNATURE	Cuma			23B. DATE SIGNED
a lando	W.D. AH	rending Med. Director	Stoff Phy s.	10/29/67.
23C. PHYSICIAN'S NAME (Type) PNGO	VGEDYGE	23D. ADDRESS  CATON	& WILKENS	21229 AVES BALTO.
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	LOCATION	City, town, or county) (State
Burial 10/31/67	Gardens of F	aith (em.	Baltimo	re, Ma.
SA. DATE REC'D BY HEACTH DEPT 967 259	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	8 1 0	Balto.Md.21214
03.03.1007	MORNO C, MONSKIPHI	Leonard J. 1	Kuck, Ync.	Balto./11d.27274
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



67 11	1364 BALTIMORE CITY	HEALTH DEPARTMENT		67 10364
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	01 10003
M.E. CASE NO.	kotaris	2 DATE AN	D HOUN OF DEATH	0
1. NAME OF DECEASED (Type or Print) (Emmanuel)	holars	10/2	7/2 10	d
3. PEACE OF DEATH IN BALTIMORE, MARYLAND	provide	14. USUAL RESIDENCE (Where	e deceased lived. If instituti	on: residence before admission
		A. STATE B. COUN	n n	on: residence before odmission)
FULL NAME OF (If not in hospital or instit	ution, give street	110 E. Bu	voclare	Par-2/VIL
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN. (If out	side city limits, write RURAL	ond give township)
110 E. Belvedere	Ave	Bullow	f mid.	21-10
		D. STREET ADDRESS (If	urol, give location)	
00				
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED		ost birthdoy)  If U	Under 1 Yr. If Under 24 Hrs.
W	Married	aug 1 / 591	76	
10A, USUAL OCCUPATION (Give kind of work 108, KII	ND OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (State or foreign	gn country) 12.	CITIZEN OF
done during most of weeking life, even if retired)  (Restaurant O	emisser)	chin le	11000	WHAT COUNTRY?
13. FATHERS NAME	WITOT.)	14. MOTHER'S MAIDEN NAM	"	01377.
Sel. 19	110	O LO AAA	an inter	160
Jours Kill	iw)	angifus (	www.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	127087702	Mrs. Elizabeth	Plakotaris	(Same)
18. 4 0	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		aul.		ONSET AND DEATH
LEADING TO DEATH	11/1	ATILLE. On	11.1000	
(This does not meen the mode of dying,		forester on	gucara	
heart failure, asthenia, etc. It means the dis		A	<b>'</b>	
ANTECEDENT CAUSES	(B)	Muncles	201	
	DUE TO			
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) storing				
UNDERLYING CONDITION last.		<del>100</del> 0 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
O THE SIGNIFICANT CONDITIONS CONTRIE				
DISEASE OR CONDITION CAUSING IT.	O INE			
19A. DATE OF OPERATION 19B. CONDITION		20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FINDI	NGS CONSIDERED
WAS PERFORMED		Ko	GERIN INTO GROSES	or beam.
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	fice bidg. INJURY OCCUP?	(If in Boltimore City	, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S (APPROX.)	While At Not While	e 🖳		
	Work At Work			
22. I certify that (I) (this hospital) atten	ded the deceased from E			19
that (I) (we) lost sow the deceased alive	on 10/14	19 ond the	ot in (my) (pr) apinion	death occurred on the date
and hour and from the causes stated abo	ve. (I) (We) (did) (did not)		,	
23A. SIGNATURE			23 B.	DATE SIGNED
Tangala Cara	M.D. Atte	ending Med. Director	Stoff Phys.	0/27/67
22 E. PHYSICIAN'S		23 D. ADDRESS	. 117 00 🗀	1-116/
NAME (Type)			LENS A	UE.
JAMES W. CIAN	25 M() M.D.	7,00		
REMOVAL (Specify)	4C. NAME of CEMETERY of CR			wn, or county) (State)
Burial 10/30/67.	Greek Orthodox Co	emetery	Baltimore, M	d.
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
ACI 9 1 136/ 150°	6.8. F.D. 112	Leonard J. Ru	ck, Inc. Balto.	Md. 21214
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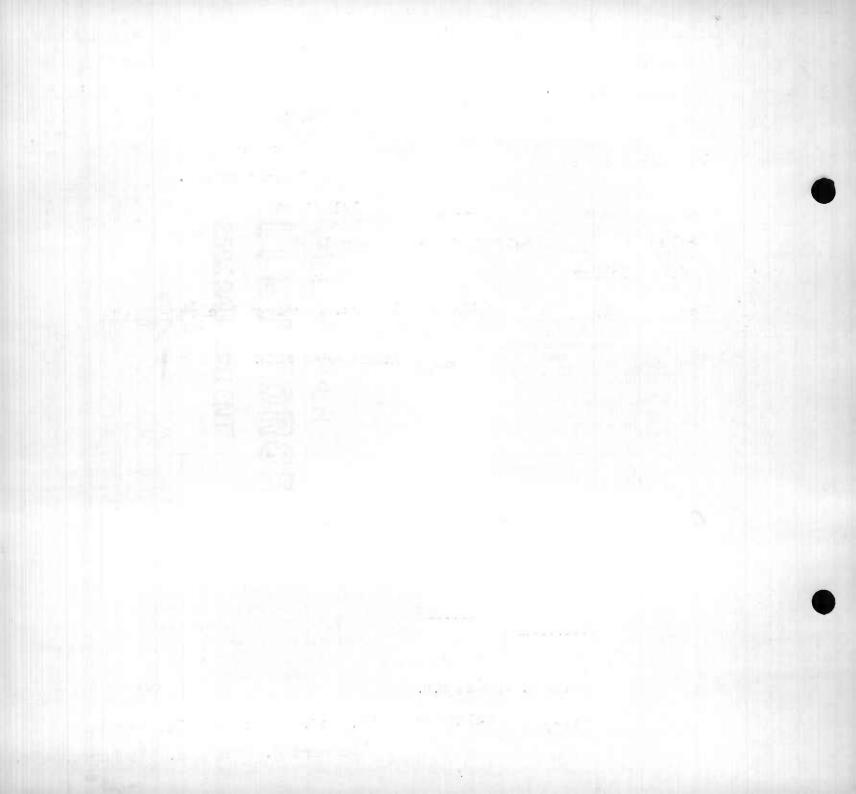
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## 67 10366 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

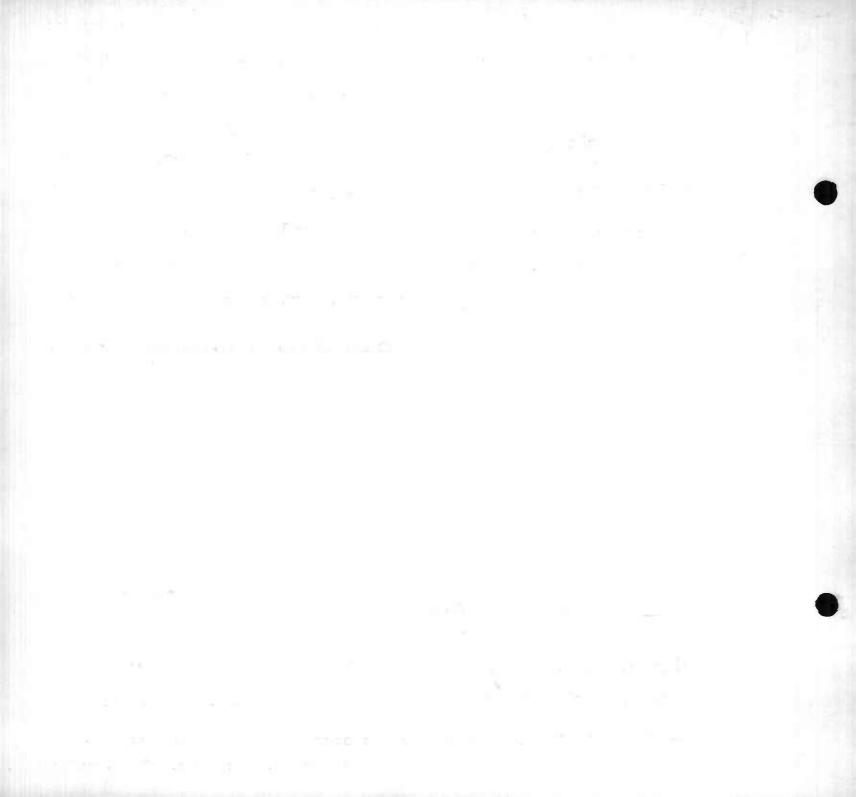
## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N67 10366

M.E	CASE NO.								
1. N	AME OF DEC	EASED			2. DATE AND HOUR PRONOUNCED DEAD				
3. P	JOHN LACE IN BALT	PFETFER SR	HERE PRONOU	NCED DEAD	October 29, 1967   10:40 a M.  4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission)  8. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
3	Cit;	y Hospital				Baltimo ADDRESS (If rurol,	give location)		
5. SI	EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF	5627 Frank	9. AGE (In yours	If Under	1 Yr. If Under 24 Hrs.
			WIDOWED, D	DIVORCED (specify)	7/7	4/1903	lost birthdoy)	Months	Doys Hours Min.
IOA	Male	White PATION (Give kind of work		arried BUSINESS OR INDUSTRY	11. BIRTHPL		64	12. CITIZE	N OF
	during most of w	rorking life, even if retired)						WHAT	COUNTRY?
13. F	SALES ATHER'S NAM	E	Self	Employed	Mary.	LANO ES MAIDEN NAME			USA
		Pfeifer			_		250		
15. V		D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	La1	ara Bish		ADDRESS	
(Yes,	no or unknown)	(If yes, give wor or date	s of sorvice)	SECURITY NO.			120		
_	es	WWI		22003 9910	Mrs.	Margaret	Pfeifer-	Same	)
	18. 4.2	21/1		CAUSE	OF DEATH	7.000			INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI							
	(This does n	LEADING TO DEATH of moon the mode of		xxx Art	teriosc	lerotic Ca	rdiovascula:	r	
	heart toiluro.	osthenio, etc. It meons	the discose,	XX			Disease		
		NTECEDENT CAUSES		( B),					
	RISE TO THE	OR CONDITIONS, IF A	TATING THE	DUE TO					
7	UNDERLYIN	G CONDITION LAST.		(C)					
0									
CERTIFICATION	TO THE	VIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING	LATED TO TH				************************		eb 00 00 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0
. 4	19A. DATE OF		DITION FOR V	VHICH OPERATION	20A. AU1		208, IF YES, WERE FIN IN CERTIFYING CAUSE		
O	21 A. EXTERNAL UNDERLYING UTING CAU		218. F home, otc.)	PLACE OF INJURY (e.g., i form, foctory, stroot, o	n or obout 2'	C. WHERE DID (	If in Baltimore City, give	e exoct lo	cotion)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	W		WHILE	F. HOW DID INJU	RY OCCUR?		
	22. I cert	ify that I held an I	m.   W		apsy 🗌	and that an thi	s basis, death in my	y apinian	
	result	ted fram: Natural car	uses X A	ccident Sulcide	Ho	micide U	Indetermined manner	r 🗌	
	ACTUAL SIGNATI		4-1	lutea M.D.		F MEDICAL EX			DATE SIGNED
	EXAMIN NAME (1	Type) Edward		son, M.D.	ASSOCIA	TE MEDICAL EX	AMINER	Octobe	er 30, 1967
	BURIAL CREA		230	. NAME of CEMETERY of	CREMATO	23 D. LC	OCATION (City,	town, or co	ounty) (Stote)
	arial	17/0/	67 B	altimore Na	tl. C	em. Co	tonerrilla	7/1	
24A	. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR		JNERAL DIRECTOR	tonsville,	Mar	DDRESS
		OCT 3 1 1967	P.O. B	E, Farlana	Leo	nard J. I	Ruck Inc.	5305 1	Harford Rd.
VS	151-REV. 1/1/6			4. 7 - 11 - 11	11 (1)	4.1	1		

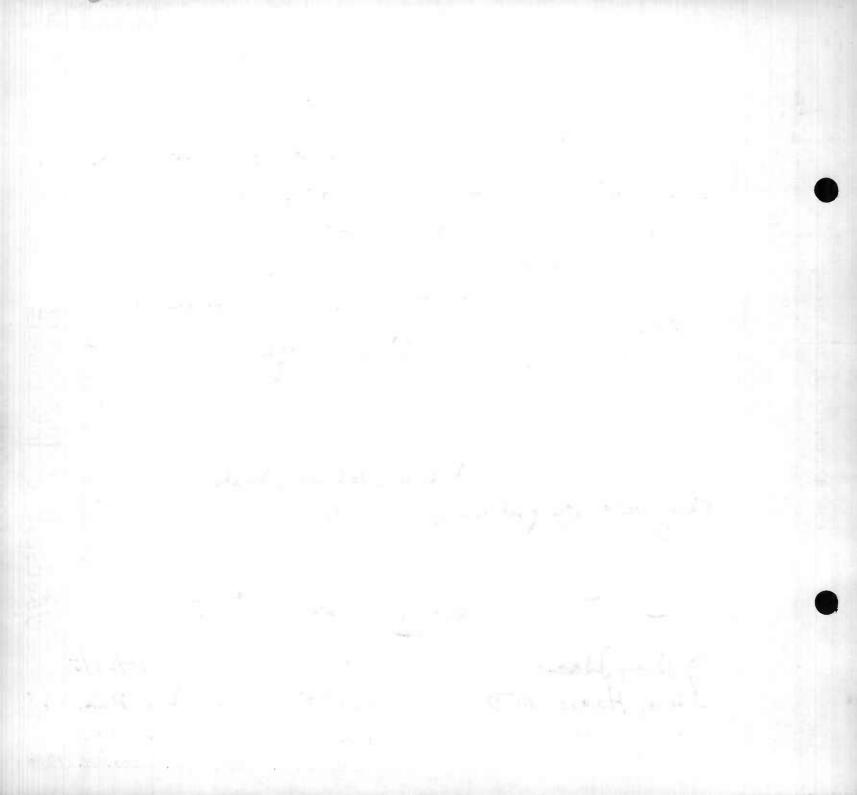


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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased hows: (1) An accident of any nature; (2) Months of the physician who pronounced death was in regular attendance on the force of the death was in regular attendance on the force of the death was in regular attendance on the force of the death was in regular attendance or the force of the death was in regular attendance or the force of the death was in regular attendance or the force of the death was in regular attendance or the force of the death was in regular attendance or the force of the death was in regular attendance.	written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.	67	1036		TE OF DEATH	Registered No.	67 10367	
M.E. CASE NO.	EASED				ND HOUR OF DEATH		
7 0:0	Minnie A.	Ric	hards		ber 28 196	5 )	
	ATH IN BALTIMORE, MA		TIGI GD	4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admissi	
				Maryland	Baltimore		
FULL NAME O	OF (If not in hospital address or lacation		give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
INSTITUTION						KUKAL and give fawnship)	
la Could	Course 7			Baltimore D. STREET ADDRESS (	21234	03-00	
Gould	Convelesar	'ium				CARNEY, Md.	
	1				013 Harfor		
Female	White	WIDOWED	NEVER MARRIED D, DIVORCED (specify)	Feb. 20,188	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Manths Doys Hours Min,	
OA, USUAL OCC	UPATION (Give kind of wor	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or far	eign country)	12, CITIZEN OF WHAT COUNTRY?	
	working life, even if retired)			M7 o.o.	a a	USA	
HOUS 3. FATHER'S NA/	ewife	L		Marylan 14. MOTHER'S MAIDEN NA		USA	
ov l'Allieu y Hai	****			I WOTHERS MAIDEN IT			
	Louis 7		e		Alice	Swift	
5. Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	5111001	218-32-3252	Mrs. Myrtle	Richards	(Same)	
18. 44 4			CAUSE O			INTERVAL BETWEEN	
1	ST OR CONDITION DI	TOTI V	CAUSE O	DEATH		ONSET AND DEATH	
DISEA	SE OR CONDITION DI	KECILY	^		· Jamesoda	2	
(This does	nol meon the mode of	dving, e.g.,	DUE TO	eneralized	d L Let 10 2016	rosis Jylans	
UNDERLYING	e obove couse (A) G CONDITION lost.						
TO THE D	CONDITION CAUSING	ATED TO TH	E				
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF medical examiner		e, form, foctory, street, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltima	re City, give exact location)	
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	**	
(APPROX.)			ile At Not While				
	.1. (1) (.1.	Wo				- A - A	
			he deceased from	10	. 17 W	19 67	
thot (1) (we)	lost sow the decease	ed olive on	Oct 21	19ond t	hot In (my) (out) op	inian deoth accurred on the	
ond hour on	d from the couses sto	ted obove. (I	) (Win) (did) (did not) v	iew the body after death.			
23A. SIGNATU	JRE					23 B. DATE SIGNED	
M	De J	Acar	M.D. Atte	nding Med.	Stoff	11 70 10	
23C, PHYSICIA	IN'S	- nort	Phys	S. Director L	Phys.	10.28-67	
NAME (T	(ype)	_ ¥					
Dr.	R. Donald	Jandor	f M.D.	6077 Harfor	d Rd., Bal	to. Md.	
4A. BURIAL CRE	MATION, 248. DATE	24C. NA	AME of CEMETERY OF CRE			City, tawn, or county) (State	
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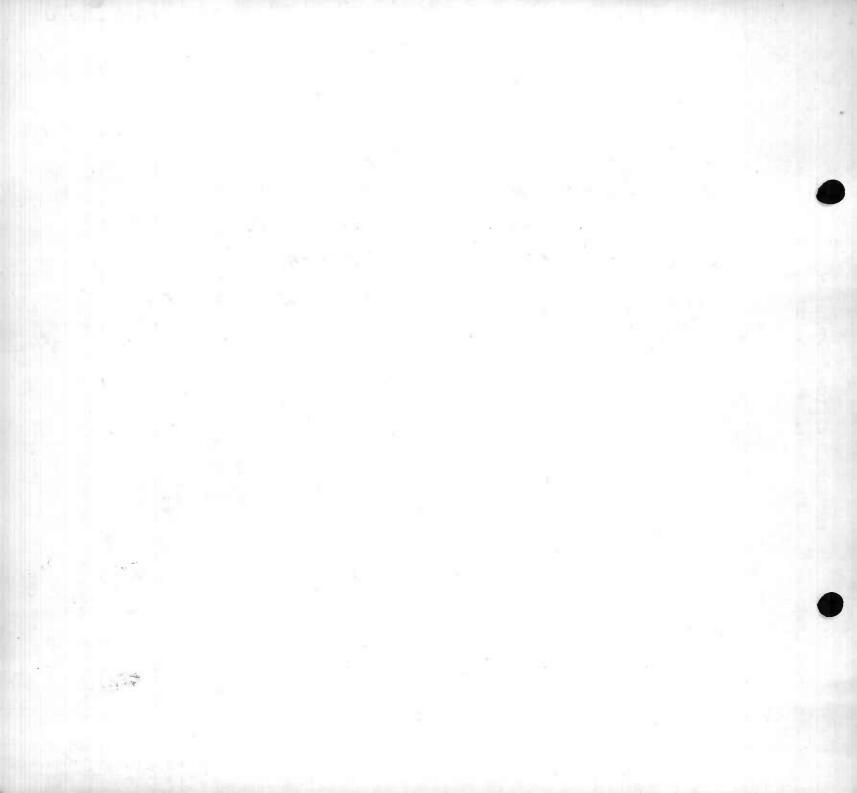
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Type of Filling	1000nce	Jinke	rton	8	1. 79 1967	16:30 €
PLACE OF DEA	TH IN BALTIMORE, M.	ARYLAND		4. USUAL RESIDENCE A. STATE B. C	Where deceased lived. If	institution: residence before odr
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HOSPITAL OR	oddress or location	on)	give sheet	C. CITY OR TOWN	If outside city limits, writ	e RURAL and give township)
	House in t Belair Roo	the Pin	01		Baltimo	ore 27-0.
90	Belair Roc	ıd		D. STREET ADDRESS	(If rural, give location)	
				Formerly	of 3202 Over	land Ave.
5. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours
Jemale	White	Wi	dow	June 16.	1802 75	
done during most of w	PATION (Give kind of wor rorking life, even if retired)	rk 10B. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stofe o	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housew			Home	Maryland		
13. FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME	USA
	Harry Li	vinost	on	Mazz	າ	
15. Was Deceased	Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	Mary 17. INFORMANT	•	ADDRESS
(Yes, no or unknown)	(If yes, give wor or dot	les of service)	SECURITY NO.			
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DISEASES OF THE UNDERLYING	plication which causes INTECEDENT CAUSE: R CONDITIONS, if above cause (A) CONDITION last.	S any, giving staling the	(B)			
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22. I certify	that (I) (this haspite	1)-attended t	he deceased from		1855 to 6 c	29 19
that (I) (we)	lost sow the deceas	ed olive on	Q2.29	1967 00	d that in (mv) (and a	plnion deoth accurred on
			) (We) (did) (did not) v			si assii decoiled on
			/ (e) (and) (mm_met) V	10 or the budy unter de	/III•	238, DATE SIGNED
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	as black		Phy:		→ rny s. ∟	1-1-7/6/
23A. SIGNATUR	my stocas		12	23D. ADDRESS		
		15	AA D	23D. ADDRESS	( )	5
23A, SIGNATUR 23C. PHYSICIAN NAME (Ty)	Haase	MD	M.D.	29265.C	h Spring )	nem Box 2, 14
23C. PHYSICIAN NAME (Ty) 24A. BURIAL CREM	AATION, 24B. DATE		M.D.	79 26 5. C.	1. Spring )	City, town, or county)
23A. SIGNATUR 23C. PHYSICIAN NAME (Ty)	45)  AATION, 24B. DATE Decify)  11/2/	67 P	M.D.	29 26 5. Comatory 24	Baltimore (	City, town, or county) Co., Maryland Balto.Md.212



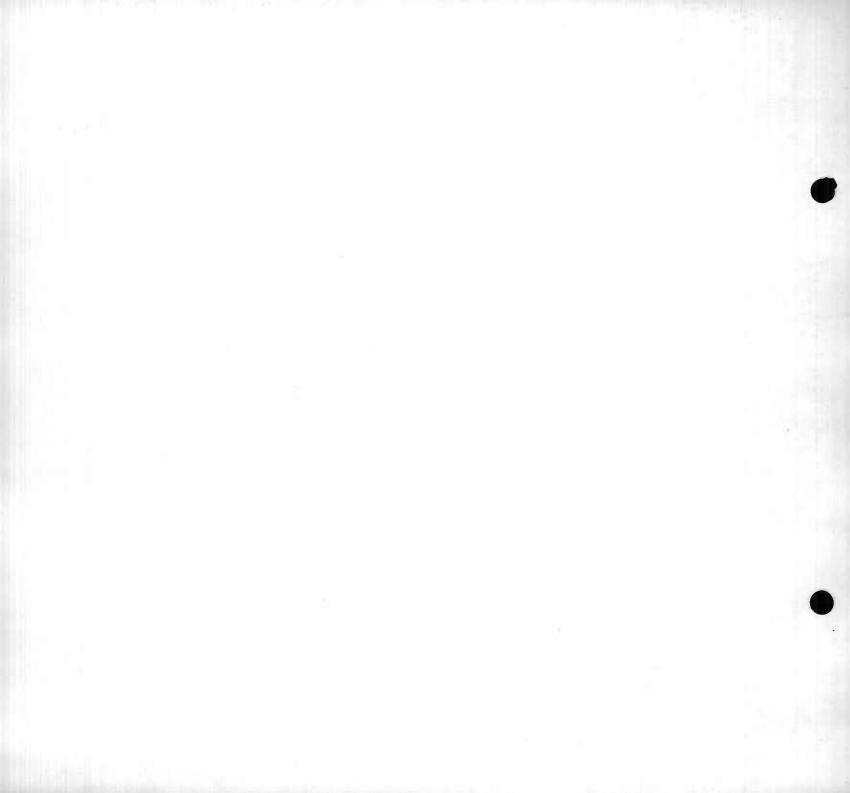
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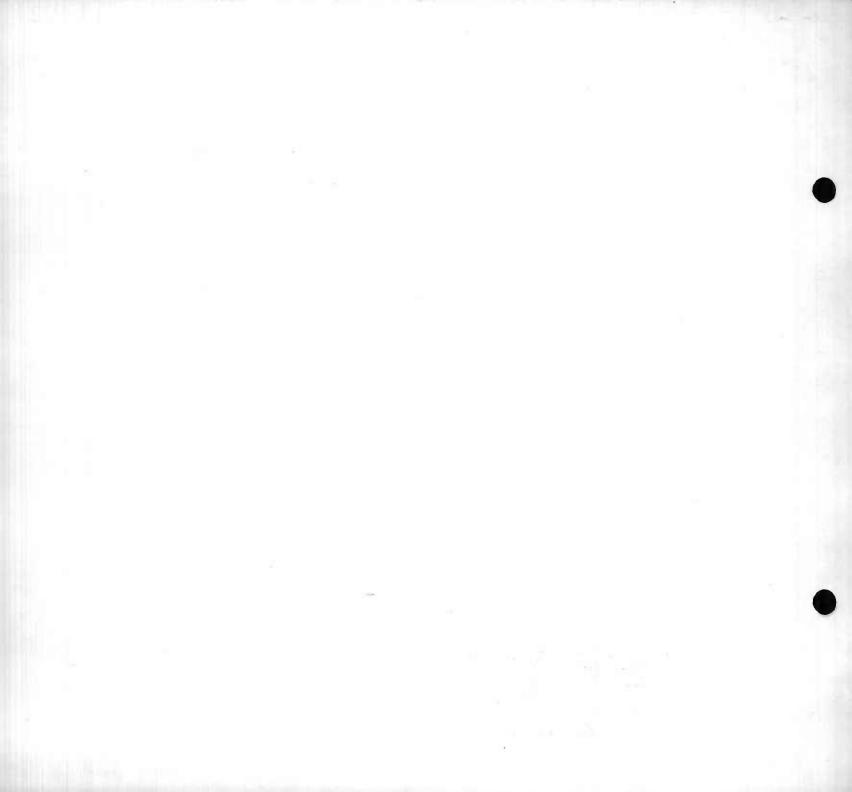
H-400 67 1	1.5/11	TE OF DEATH	Registered No.	67 10370
A.E. CASE NO.  NAME OF DECEASED  Type or Print)	./.	2. DATE AN	HOUR OF DEATH	7   9:00 A M
PLACE OF DEATH IN BALTIMORE, MARYLAN	ID / / / /	4. USUAL RESIDENCE (Where A. STATE B. COUN'	deceased lived. If it	12.10
FULL NAME OF (If not in hospital or inst	tilution, give street	CM.		
HOSPITAL OR oddress or location) INSTITUTION				RURAL and give Jawnship!
00		BALTIM	ORG	16-01
1528 POPLAR	GROVE St		LAR 6	and E Ct
FE Colored "	ARRIED, NEVER MARRIED (DOCKED)	4-6-1902	ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 10B. It		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT, COUNTRY?
domomnicon p	T Home	YORK Co. 5	. C .	11.5 p.
FATHER'S NAME		14. MOTHER'S MAIDEN NAA	AE	
JOHN MOORE		SARAH		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of s	ervice) SECURITY NO.	William Hive	15281	PURLAR GROUP St
18.420.11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Υ	ANUL CAMPIA	INITE	
(This does not mean the made of dying	(A) DUE TO	MYOCAMDIA	C /1007///	RETON UNKAL
heart failuse, osthenio, etc. It meons the dinjury or complication which caused death	liseose,			
ANTECEDENT CAUSES	IB AT	JER105CLER	OTIC	
	DUE TO	LARDLOVASCUER	WAR DIS	5,
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting	9			
UNDERLYING CONDITION IOSI.				
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO THE		Q.5	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218, PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimos	e City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hor	ut) 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work	е		
22 1		3/10/	26.	10/30/1967
22. I certify that (I) (this hospital) atte	CA 1 /	The second secon	966_to	
that (I) (we) lost saw the deceased ali			of in (my) (our) opt	inian death occurred on the date
and haur and from the couses stated al	pove (1) (We) (did) (did nat)	few the body ofter death.		
23A. SIGNATURE	V Au	udina om oddáná —	Shall	23B, DATE SIGNED
John Span	M.D. Atte		Stoff Phys.	10/31/67
PAME (TYPE) HH S. BR	ACOONUR, M.D.	922 5 ·	SHARP	ST., BAUT. 30, M
4A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CRI	MATORY 24D. LC	CATION (C	ity, town, or county) (State)
Sm. 11/2/67	ma anhow	- B	my m	1
SA. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS /
NOV 1 1967 O. D. & 8	Falley M.	mashun	phonos	(38 o gelman
		113	, v J	1
S 150-REV. 1/1/65		type of the same o		0



RTH NO. 67		ATE OF DEATH Reg	istered Na.	
NAME OF DECEASED  TYPE OF Print) GUY MITCH		2. DATE AND HOU		
ype or Print) Guy Mitch	1611	Octobe	17,1967	5.00
PLACE OF DEATH IN BALTIMORE, MAR	RYLAND	A. STATE B. COUNTY	sed lived, if institution; resi	dence before odr
FULL NAME OF (If not in hospital a	or institution, give street	MARYLAND		
HOSPITAL OR oddress or location	)	C. CITY OR TOWN (If outside city	limits, write RURAL and g	give. township)
Universit	ty Hospital	BAltimore		4-01
38		Morris Hotel	Pratt & Eut.	nw PlA
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE	0 146 15 15 3	V 46 11 1
MW	WIDOWED, DIVORCED (specify)	7-4-00 lost birth	Months D	oys Hours
A. USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign count		
ne during most of working tife, even if retired)	20 6-5	VA		COUNTRY?
Roofer FATHERS NAME	Roofer	V / ·	0.	)′ -
		14. MOTHER'S MAIDEN NAME		
Frederick A	Titche//	Ella Hinkle		
Was Deceased Ever in U. S. Armed Force		17. INFORMANT	A	DDRESS
es,no orunknown) (If yes, give wor or dotes	s of service) SECURITY NO.			
120	CANCE	05 5545	1 100	
18. 420.11	CAUSE	OF DEATH		TERVAL BETWE
DISEASE OR CONDITION DIR	ECTLY	/		A- /
LEADING TO DEATH	(1)	Middle Cerebral De	1 Thomashoris	7day
(This does not mean the made of	dying, e.g., DUE TO	Middle Cerebral Ar	7	
hearl failure, asthenia, etc. It means				
injury ar camplication which caused	death.)	de munesalia	1 Todardin	nola.
ANTECEDENT CAUSES	death.) (B) Ac	He myocardia,	1 Introdion	7day
ANTECEDENT CAUSES	death.)  (B) A C  DUE TO	de myocardia,	Inforction !	7day
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above cause (A)	death.)  (B) A C  DUE TO  any, giving stating the (C) AC	de myocardia, trioschrube cardio	Inforction	7day
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ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or itse to the above cause (A) UNDERLYING CONDITION tost.	any, giving stating the (C) AC	de myocardia, tuioschruhù cardio	Interction	7day.
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above cause (A) UNDERLYING CONDITION tost.	ony, giving stating the (C) AC	de myocardia, terioschrebe cardio	Interchon -UASC dis 10	7day.
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VS 150-REV. 1/1/65



67 10373 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6 BIRTH NO. ME CASE NO I. NAME OF DECEASED 2 DATE AND HOUR PRONOUNCED DEAD (Type or Print) October 8, 1967 | 1:50 p M.

4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission)

A. STATE

B. COUNTY DAVID ARNOT D 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR Baltimore D. STREET ADDRESS (If rurol, give location) 16 N. Calhoun St. 16 N. Calhoun St. S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) Months, Doys, Hours, White 64 10A, USUAL OCCUPATION (Give kind of work) 08, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SO CIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no ar unknown), (If yes, give war or dates of service) CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... CATION 18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 120B, IF YES, WERE FINDINGS CONSIDERED Ö WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. elc.) 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) OF INJURY WHILE AT (APPROX.) NOT WHILE WORK AT WORK 22. Autopsv 3 I certify that I held an Inquiry Inspection X and that on this bosis, death in my opinion resulted from: Notural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Edward F. Wilson, M.D. October 9, 1967 23A. BURIAL CREMATION. 23C. NAME of CEMETERY or CREMATORY UNIT 23D, LOCATION

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT

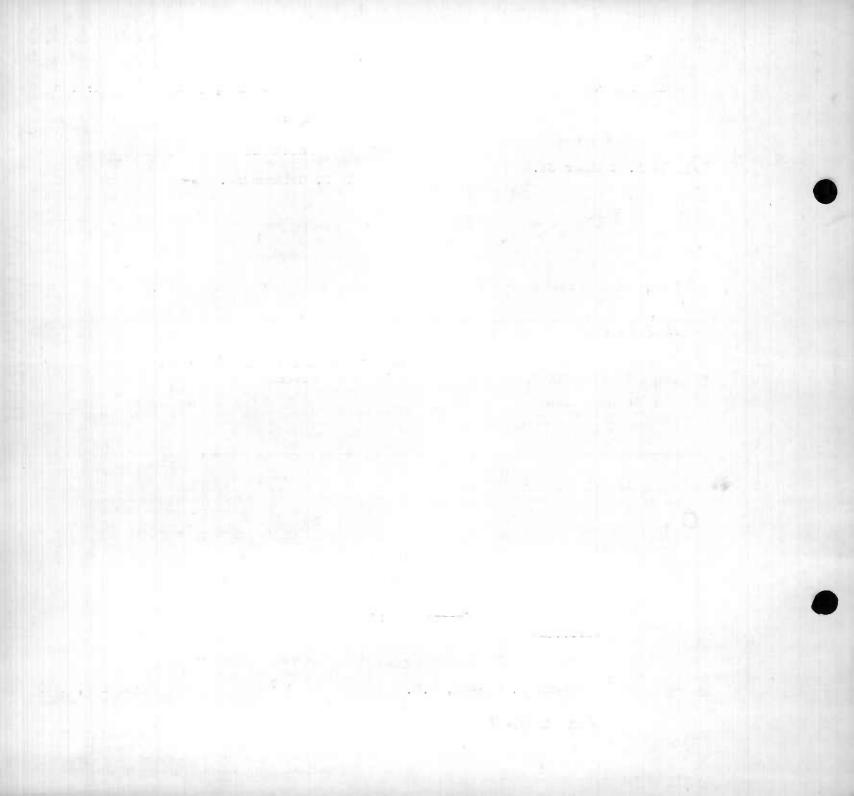
REMOVAL (Specify)

23B. DATE

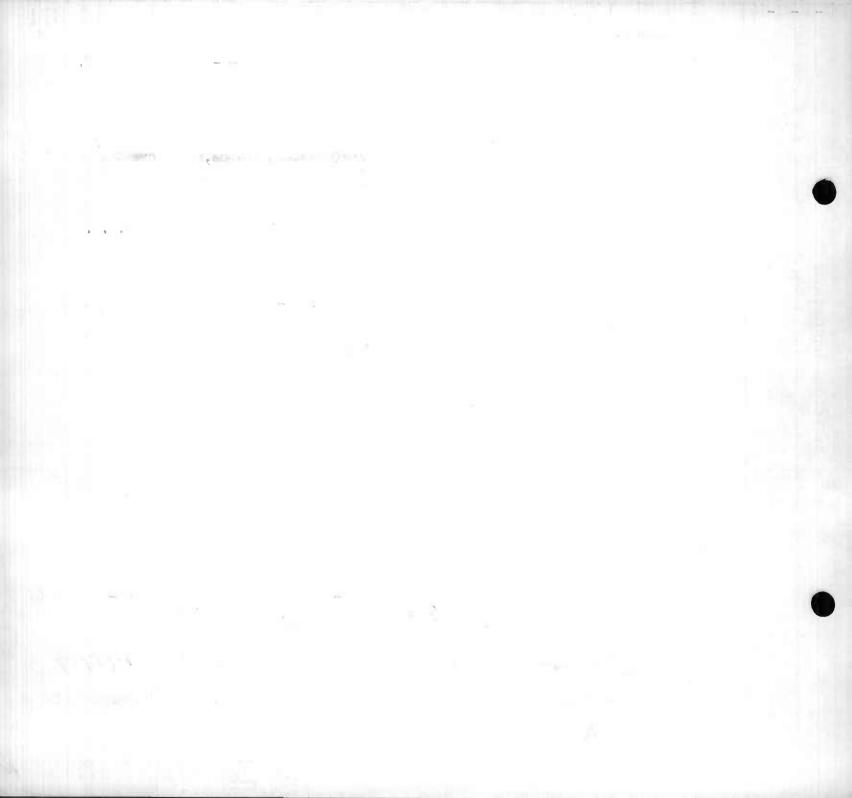
248 NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

(City, town, or county) (State)

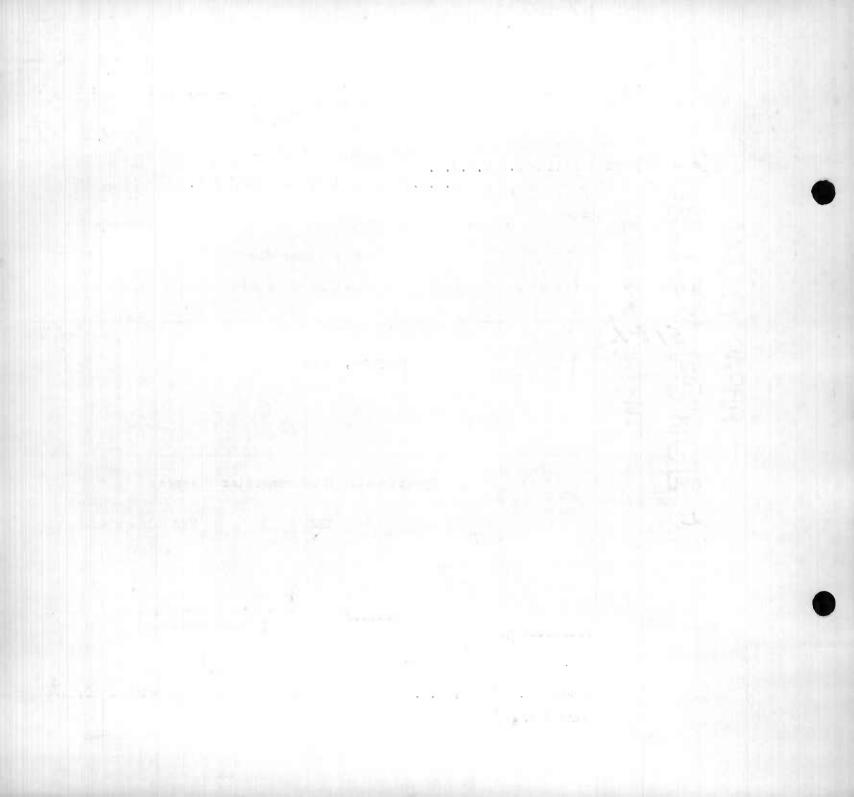


	Pe or Print)	201 1	10374 CERTI		2. DATE	AND HOUR OF DEATH		770
2 1	105/6	71	AND	II. 110111	1 0551051165 ()4/	10-5-1967	70.0	7.10
	FULL NAME OF (If	at in haspitol ar	institution, give street	Mary	rland			
	INSTITUTION Balti		7 Hospitals	Balt	imore	outside city limits, write	RURAL and	give lownship)
		Eastern /				If rural, give location)	2]	224
	O   Balti	more, Mai	ryland 21224	494	D Eastern	Avenue, Balti	more C	ity Hos
	sex 6. RACE Neg		MARRIED, NEVER MARRIED WIDOWED DIVORCED (SP	ecify) B. DATE	OF BIRTH	9. AGE (In years lost birthdoy) 85	If Under Months	1 Yr. If Und Days Hours
IDA	USUAL OCCUPATION	ive kind of work 10	B. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTH	IPLACE (State or fo	reign country)	12. CITIZ	EN OF
don	ne during mast of warking life,	even if retired)		Cond	h Carolin			T COUNTRY?
10							U.	S.A.
13.	FATHER'S NAME			14. MOT	HER'S MAIDEN N	AME		
ľ.								
	Was Deceased Ever in U.			17. INFO	RMANT			ADDRESS
(Yes	s,na arunknown) (If yes, gi	ve war ar dates o	of service) SECURITY N		3 5000 10	10 7		
_						40 Eastern A	venue	21224
	18. 422.1	1	С	AUSE OF DEATH				NTERVAL BETV ONSET AND D
	DISEASE OR CO		TLY	000	11.			JII AILD O
		TO DEATH	(A)_	ASC	_V			
	(This daes not meon heart failure, asthenia,			10				
	injury ar camplication							
	ANTECEDI	NT CAUSES	(B)			8u 80 80 total		.,
	DISEASES OR COND	ITIONS if an	\$-	ТО				
	rise la lhe obove	cause (A) si						
	UNDERLYING CONDIT	ION lost.						
		11						
ERTIFICATION	OTHER SIGNIFICANT CO							
AT	DISEASE OR CONDITIO	N CAUSING IT.						
FIC	19A. DATE OF OPERATIO	N 198, CONDIT	TION FOR WHICH OPERATION	ON 20 A.	AUTOPSY? (Yes ar	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS	CONSIDERED
ERT	0							
Ü	21A. ACCIDENT WAS U		218, PLACE OF INJU	RY (e.g., in or about	21 C. WHERE DID	(If in Baltimar	e City, give	exact lacotion)
	DEATH (notify medical e.		elc.)	sneet, onice bidg.,	HAJORI OCCOR?			
AL	21 D. TIME (Manth)	(Day) (Year) (	Hour) 21E, INJURY OCCUR	RED	21F. HOW DID II	ATTIEV OCCUES		
DICAL	OF INJURY			Not While		TOKI OCCUR:		
MEDICAL	(APPROX.)			Al Wark				
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MEDICAL	22. I certify that (I) (	this hospital) (	ittended the deceased the				inian decel	
MEDICAL					67 and	that in (my) (our) ani		30001100 (1
MEDICAL	that (i) (we) last saw	the deceased	alive an 10/5/	19	<b>67</b> and			
MEDICAL	that (i) (we) last saw and hour and from the	the deceased		19			1000 - 10	010115-
MEDICAL	that (i) (we) last saw	the deceased	alive an	id not) view the	body ofter death	1.	238, DATI	
MEDICAL	that (i) (we) last saw and hour and from the	the deceased	alive an	19		1.		15/67
MEDICAL	that (I) (we) last saw and hour and fram the 23A. SIGN TURE	the deceased	alive an	id not) view the	Med. Director	1.		
MEDICAL	that (I) (we) last saw and hour and fram the 23A. SIGNATURE 22C. PHYSICIAN'S NAME (Type)	the deceased causes stoted	alive an VS (did) (di	d not) view the  A.D. Allending Phys.  23D. ADD	Med. Director	Staff Phys.	10	15/67
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MEDI	and hour and fram the 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Ja A. BURIAL CREMATION,	the deceased causes stoted causes stoted causes stoted causes stoted causes stoted causes are caused as a second cause are caused as a second cause are caused as a second caused caused as a second caused as a second caused as a second caused caused caused as a second caused caused caused as a second caused ca	alive an (We) (did) (did)	d not) view the  A.D. Allending Phys.  23D. ADD  M.D. 4940	Med. Director RESS	Staff Phys. X	/o	ryland

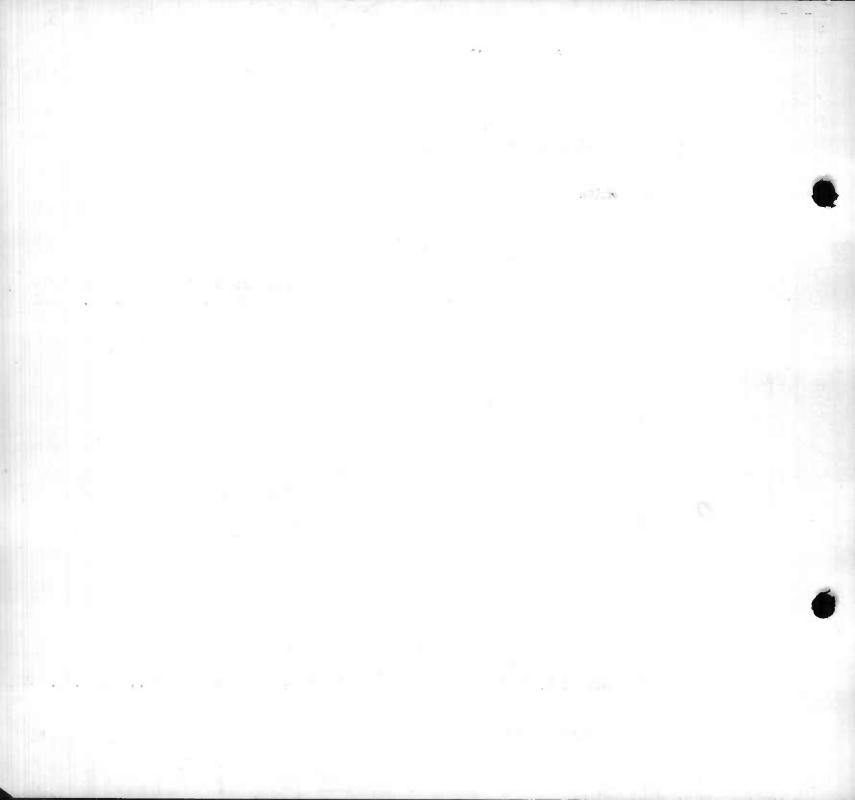


## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10375

ME CASE NO	CAL EXAMINATER O	EKTITICATE OF BEATTING				
M.E. CASE NO.  1. NAME OF DECEASED	718 - 7	2, DATE AND HOUR PRONOUNCED DEAD				
(Type or Print)						
AARON COOPER 3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	October 17, 1	nstitution: residence before odmission)			
			OUNTY			
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give ownship			
INSTITUTION		D.1.1	14-00			
00 1610 Paris 11:11		D. STREET ADDRESS (If rurol, give locotion)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1619 Druidhill		II II	DRO'S 411 AVE			
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	1617 Druidhill Ave.	is If Under 1 Yr. If Under 24 Hrs.			
	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.			
Male Colored  10A. USUAL OCCUPATION (Give kind of work	TOR WIND OF BUSINESS OF INDUSTS	NIT BIRTHRI ACE (State or foreign coverted)	12. CITIZEN OF			
done during most of working life, even if retired)	TOUR RIVE OF BUSINESS OR INDUSTR	BRITIFEACE (State of loter git Country)	WHAT COUNTRY?			
13, FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
13. FAIRER S NAME		14. MOTHER'S MAIDER NAME				
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dote		17. INFORMANT	ADDRESS			
1B. 2 / 9 V	CAUS	E OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DI	DEC TI Y		ONSET AND DEATH			
LEADING TO DEATH	(A) Fmp	yema, left				
(This does not meon the mode of heart failure, asthenia, etc. It means	dying, e.g., DUE TO	J				
heart failure, asthenia, etc. It means injury or complication which caused	deoth.)					
ANTECEDENT CAUSES	S					
DISEASES OR CONDITIONS, IF A	NY, GIVING (B)					
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	TATING THE					
Z	(C)					
E II						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL		ngive Cardiovagoular Disco				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERI	it.	nsive Cardiovascular Disea	5e			
19A. DATE OF OPERATION 19B. CON WAS PER	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE				
J. 66		YES YES				
✓ 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, factory, street,	in or obout 21 C. WHERE DID (If in Soltimoro City,	give exact location)			
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.)					
21D TIME (Month) (Doy) (Year	) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.)	m. WHILE AT NOT AT V	WHILE				
22.	m. WORK LATV	VORK				
I certify that I held an I	nquiry Inspection Au	itapsy 💢 and that on this basis, death in	n my opinian			
resulted fram: Natural car	uses X Accident Suicio	de Hamicide Undetermined man	nner 🗌			
	1711	CHIEF MEDICAL EXAMINER				
ACTUAL \SALATORN	& tollin-		DATE SIGNED			
SIGNATURE CONTRACTOR	05 1 -00 1 35 W.C					
EXAMINER'S NAME (Type) Edward	F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER	October 18, 11967			
23A, BURIAL CREMATION, 23B, DATE	23C. NAME of CEMETERY		ity, town, or county) (Stote)			
REMOVAL (Specify)	7/17	TIMILITED CLOSE BALED	ICAL CCEOCI			
		UNIVERSITY MED	MCAL SCHOOL			
NOV 1 1967	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS			
NUV 1 1967	Robert E. FarkeyMa	MORTUARY SER	VICE PART			
VS 151-REV, 1/1/65		J. J. J. J. LI				



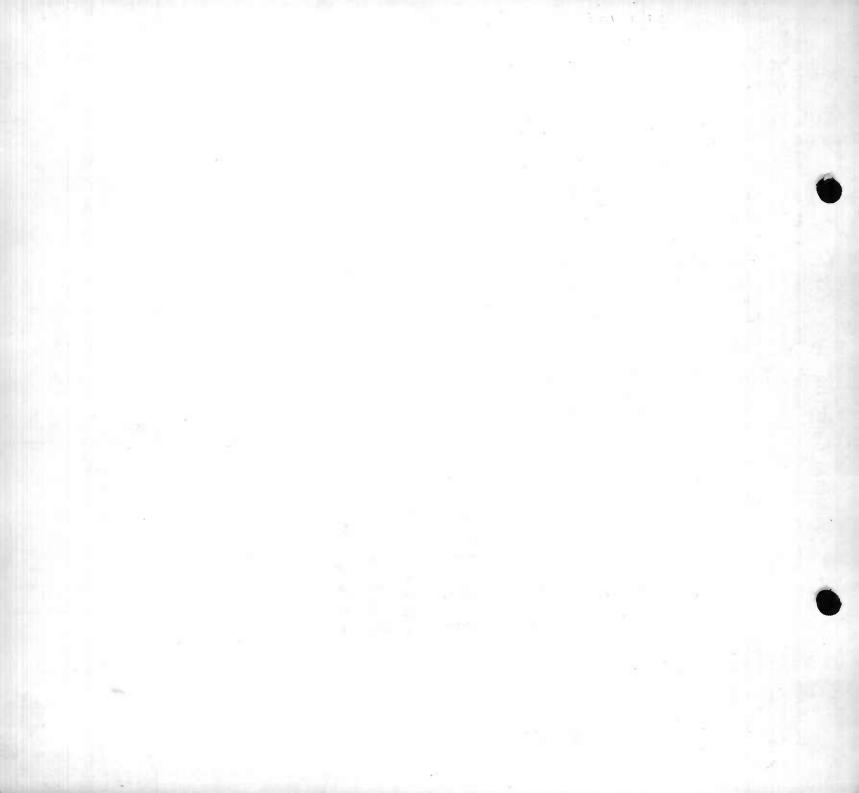
כבס ב כח מחסחר	BALTIMORE CITY	HEALTH DEPARTMENT		67 10376
	CERTIFICA	TE OF DEATH	Registered Na	01 10010
M.E. CASE NO.  1. NAME OF DECEASED COX, Warrenn G.  (Type or Print)	1 6	2. DATE AND	HOUR OF DEATH	1355
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1 0).	4. USUAL RESIDENCE (Where A. STATE B. COUNT	eccosed lived. If in	stitution: residence before admission
FULL NAME OF (If not in haspita) ar institution, give str HOSPITAL OR oddress ar lacotian) INSTITUTION	eel	C. CITY OR TOWN (If outs	ide city limits, write F	RURAL and give township)
4940 Eastern Avenue Baltimore, Maryland 2		D. STREET ADDRESS (If ,	oral, give lacotical)	07200
5. SEX 6. RACE 7. MARRIED, NEVER	Ltals	B. DATE OF BIRTH	AGE (In years	2]202
White Whowed, Dive	DRCED (specify)	4/15/82	ost birthdoy	Months Doys Hours Min.
10À, USUAL OCCUPATION (Give kind of work 10B. KfND OF BUSIN done during most all working lile, even if retired)	IESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	lE .	
15. Was Deceased Ever in U. S. Armed Farces? 16. SC	DCIAL	17. INFORMANT Records	. Roltimor	e City Plospitals
(Yes, na ar unknown) (If yes, give wor ar dates of service)	2-16-6226A			imore, Md. 21224
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	w Rm	b. Palmona	13 Embo	14 48 hours
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	. Arrahaman haman isah laman iri da haman i		
injury or complication which coused death.)				
ANTECEDENT CAUSES	DUE TO	**************************************		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	(C)		0 w 0 w w w d w 0 0 0 0 d d 0 0 d d w 0 0 d w d 0 d w d 0 d w w 0 d w w 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Adense	arcinom Co	olon	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION OF COLON	20A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACI OR CONTRIBUTING CAUSE OF DEATH (natily medical exominer)	E OF INJURY (e.g., in, factory, street, al	ar about 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Baltimare	City, give exact location)
	Nat Whil	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this haspital) attended the dec		9/25/67 1	9ta	10/10/6719
that/(1) (we) last saw the deceased alive an	0/01/6	7		nian death accurred an the
and haur and fram the causes stated abave. (1) (Ne)	(did) (did nat) v			
23A, SIGNATURE		W HIGH		23B. DATE SIGNED
Bobat 71 Hull 11	M.D. Atte	ending Med. Director	Stalf Phys.	10/10/67
23C. PHYSICIANS ROBERT N. HILL	M.D.			ve., Balto, Md. 21
24A. BURIAL CREMATION, 124B. DATE 124C. NAME of	CEMETERY of CRE	MATORY 1240. LO	CATION	iy, town, ar county) (State
REMOVAL (Specily) . [0/20/67		UNIVERSI	TY MEDIC	AL SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 7 25B. NAME OF REG	talleum.	25C. FUNERAL DIRECTOR	RY SERVI	CF RCHB
VS 150-REV. 1/1/65		1 MONTON	NA DERVI	OF - MANE



IMPORTANT

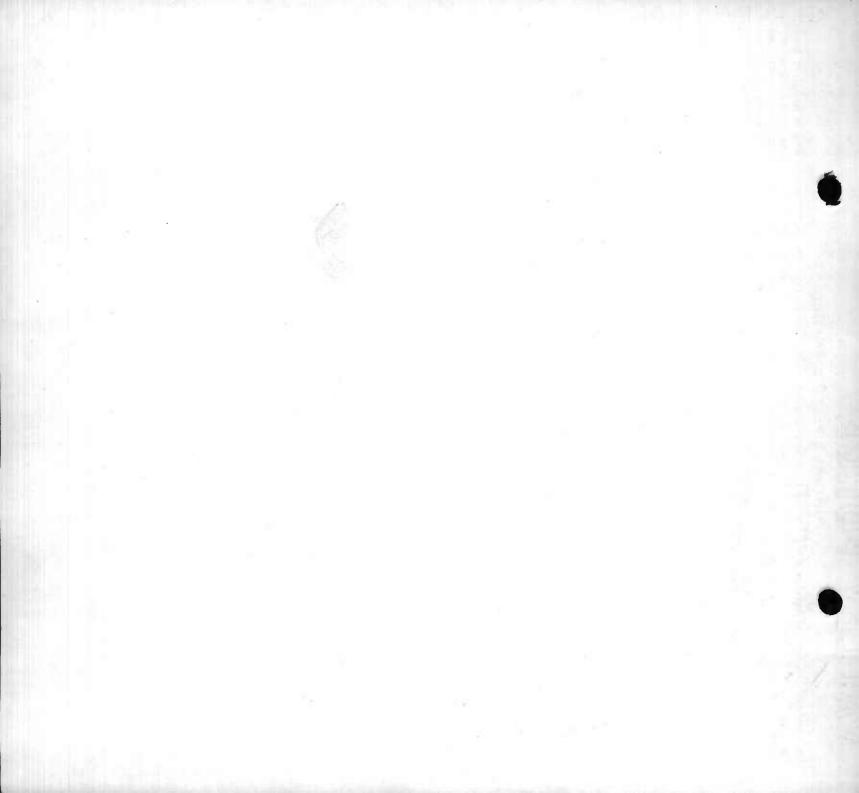
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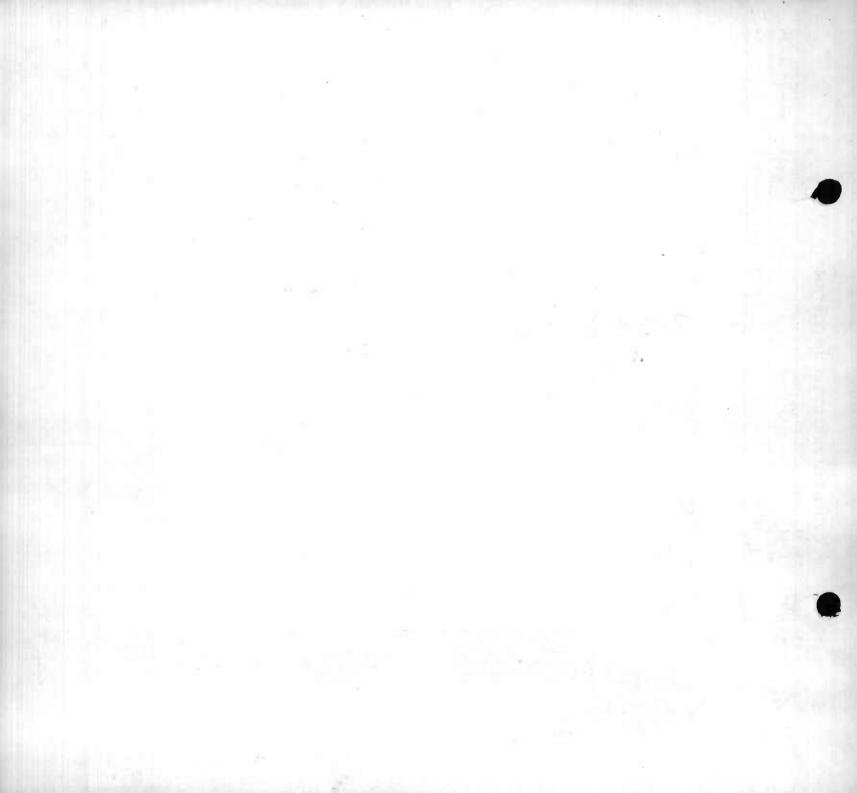


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FUNERAL DIRECTOR: IMPORTANT	6	÷	5	0	-	al
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	ate	318	2	at	0	0
	ice	3	4	د	P	de
	+!!	>	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	0	P	0
	9	00	S	0	SE	9
	S	9	3	S	63	itt
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death N	5 hc	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	-	4	41	-	~	-

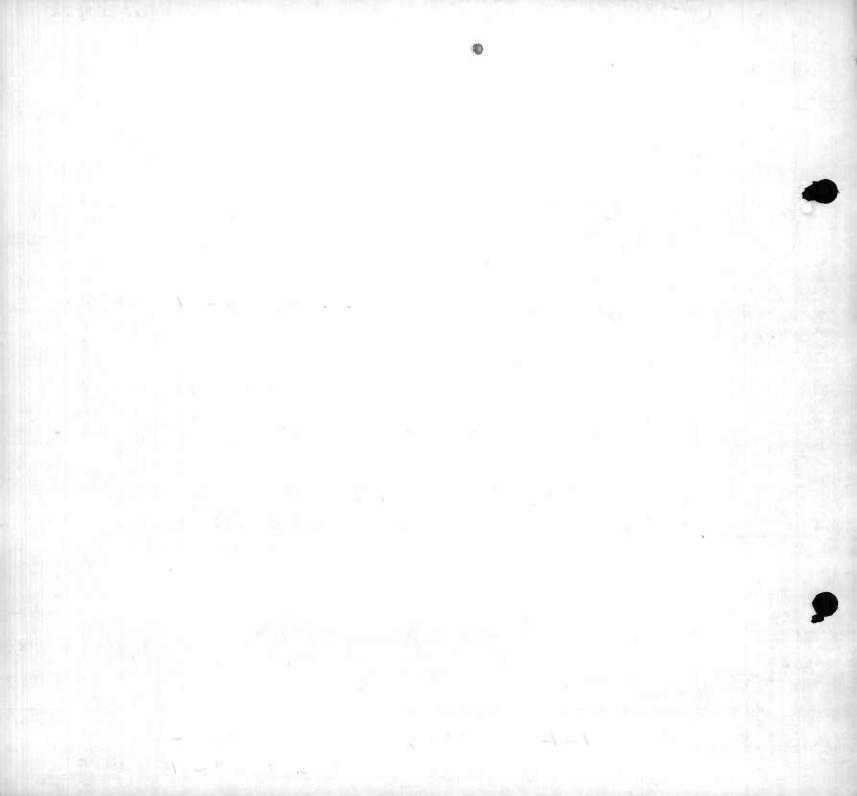
	AME OF DECE	ASED		CERTIFICA	2. DATE A	ND HOUR OF DEAT	н
(Typ	oe or Print)R	au Crol C.	A/211	B .	10	117/15	1 4
	FULL NAME OF	III not in hospital		alvo street	A. USUAL RESIDENCE (WHA, STATE B. COU	ere deceased lived. If	institution: residence before odmi
- 1	HOSPITAL OR	University	on),	05/2	C. CITY OR TOWN (If o	outside city limits, write	e RURAL ond give township)
	38				D. STREET ADDRESS (1)	frurol, give location)	
5. S	7	6. RACE	WIDOWE	NEVER MARRIED  D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Months: Doys Hours N
		PATION (Give kind of wor orking lile, even if refired)		BUSINESS OR INDUSTR	M. L.	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAMI	nd la	Hen		14. MOTHERS MAIDEN N.	AME	
		Ever in U. S. Armed Fo (If yes, give wor or dat		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		I OR CONDITION DI			OF DEATH [mmakerito	7-1253	INTERVAL BETWEEN
	heart loiture, o	of meon the mode of sthenio, etc. If meons of the mode	s the disease, d deoth.)	(B)			40.000.000.000.000.000.000.000.000.000.
NO	heort loilure, o injury of comp  AI  DISEASES OR rise to the UNDERLYING	esthenio, etc. II meons dicolion which coused NTECEDENT CAUSE: R CONDITIONS, if obove couse (A) CONDITION lost.	s the disease, d death.)  S ony, giving stating the	(B)			
FICATION	heort loilure, o injury of comp  AI  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DE, DISEASE OR C	osthenio, etc. II meonsisticolion which couses  R CONDITIONS, if obove couse (A) CONDITION lost.  II  ICANT CONDITIONS (ATH BUT NOT RELEADED IN CAUSING OPERATION 198, COI  OPERATION 198, COI  OPERATION 198, COI	S The disease, d death.) S ony, giving sloting the CONTRIBUTION ATED TO TH	(B) DUE TO (C)		No) 20B. IF YES, WER	E FINDINGS CONSIDERED
ERTIFICA	heort loilure, o injury of comp  AI  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DE, DISEASE OR C	osthenio, etc. II meonicilication which causes  R CONDITIONS, if obove cause (A) CONDITION lost.  II ICANT CONDITIONS ATH BUT NOT RELICANT NOT RELICANT CONDITION CAUSING OPERATION 198. COI WAS PEI	s the discose, d deoth.)  S ony, giving stoling the CONTRIBUTION ATED TO THE IT.  NOTION FOR VERFORMED	(B) DUE TO  (C)  GE WHICH OPERATION	20 A. AUTOPSY? (Yes or N	No) 208, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
CA	heort loilure, o injury of comp  AI  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DE, DISEASE OR C  19.A. DATE OF C  21.A. ACCIDENT OR CONTRIBUT	osthenio, etc. II meonsisticolion which couses  R CONDITIONS, if obove couse (A) CONDITION lost.  II  ICANT CONDITIONS (ATH BUT NOT RELEADED IN CAUSING OPERATION 198, COI  OPERATION 198, COI  OPERATION 198, COI	s The disease, d death.)  S ony, giving sloting the CONTRIBUTION ATED TO THIS.  IT.  NOTION FOR VERFORMED	(B) DUE TO  (C)  G E WHICH OPERATION  PLACE OF INJURY (e.g., to, form, foctory, street, for	20 A. AUTOPSY? (Yes or N	No) 208, IF YES, WERI	E FINDINGS CONSIDERED
MEDICAL CERTIFICA	heort loilure, o injury of comp  Al  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DE, DISEASE OR C  19 A. DATE OF (  21 A. ACCIDENT OR CONTRIBUT DEATH (notify in JURY (APPROX.)	osthenio, etc. II meonicicolion which coused NTECEDENT CAUSE: R CONDITIONS, if obove couse (A) CONDITION lost.  II ICANT CONDITIONS ATH BUT NOT RELICANT NOT RELI	s the disease, d death.)  S ony, giving stoling the CONTRIBUTION ATED TO TH IT. NOTION FOR V REFORMED  21B. hometc. (Hour) 21E. Wh	G E WHICH OPERATION  PLACE OF INJURY (e.g., te, form, foctory, street, linjury Occurred lile At Not Which At Work	20A. AUTOPSY? (Yes or No. 1)  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	Oo) 208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  ORE City, give exact location)
MEDICAL CERTIFICA	heort loilure, o injury of comp  All DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DE, DISEASE OR C 19.A. DATE OF C 19.A. DATE OF C 19.A. DATE OF C 19.A. TIME 21D. TIME 21D. TIME 21D. TIME 21D. TIME (APPROX.)  22. I certify to the complete of t	osthenio, etc. II meonicicolion which couses  NTECEDENT CAUSE:  R CONDITIONS, if obove couse (A) CONDITION lost.  II ICANT CONDITIONS ATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PEI T WAS UNDERLYING T WAS UNDERLYING T WAS UNDERLYING Medicol exominer)  (Month) (Doy) (Year)  That (Dis hospital Condition of the couse o	s the disease, d death.)  S ony, giving stoling the CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED  21B. hom etc. Wh wo	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, fill At Work file At Wo	20 A. AUTOPSY? (Yes or No. 10 pt.) in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID IN the control of th	JURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ORE City, give exact location)
MEDICAL CERTIFICA	heort loilure, o injury of comp  Al  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFI TO THE DE, DISEASE OR C 19.A. DATE OF (OR CONTRIBUT DEATH (nobily not included by the control of th	incolor which couses  NTECEDENT CAUSE:  R CONDITIONS, if obove couse (A) CONDITION lost.  II  ICANT CONDITIONS ATH BUT NOT RELECTION OF	s the disease, d death.)  S ony, giving stoling the CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED  21B. hom etc. Wh wo	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, fill At Work file At Wo	20A. AUTOPSY? (Yes or No. 1)  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN the last of	JURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)
MEDICAL CERTIFICA	heort loilure, o injury of comp  Al  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFI TO THE DE, DISEASE OR C 19.A. DATE OF C	inthenio, etc. II meonicalicolion which couses  NTECEDENT CAUSE:  R CONDITIONS, if obove couse (A) CONDITION lost.  II  ICANT CONDITIONS (A ATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PEI  T WAS UNDERLYING TIME CAUSE OF medical examiner)  (Month) (Doy) (Year)  That (Dis hospitalist saw the decease from the causes state)	s the disease, d death.)  S ony, giving stoling the CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED  21B. hom etc. Wh wo	(B) DUE TO  (C)  G E WHICH OPERATION  PLACE OF INJURY (e.g., te, form, foctory, street, te, form, foct	20A. AUTOPSY? (Yes or No. 1)  in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID IN the control of the contr	JURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ORE City, give exact location)
MEDICAL CERTIFICA	heort loilure, o injury of comp  Al  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFI TO THE DE. DISEASE OR C  19 A. DATE OF (O)  21 A. ACCIDENT OR CONTRIBUT DEATH (notify not of injury (APPROX.)  22. 1 certify to that ID (we) to and hour and 23 A. SIGN ATUR  23 C. PHYSICIAN NAME (Typ ALB E.	inthenio, etc. II meonicicolion which couses  NTECEDENT CAUSE:  R CONDITIONS, if obove couse (A) CONDITION lost.  II  ICANT CONDITIONS ATH BUT NOT RELECTED NOT RELECTED (A)  OPERATION 198. COID  WAS PEI  T WAS UNDERLYING (Month) (Doy) (Year)  That (D) (this hospital couses state of the causes state of the cause of the causes state of the cause of the ca	s the disease, d death.)  S ony, giving stoling the  CONTRIBUTING ATED TO TH IT. NOTION FOR V RFORMED  21B. Wh Wo  If attended the death of the deat	(B) DUE TO  (C)  G E WHICH OPERATION  PLACE OF INJURY (e.g., te, form, foctory, street, te, form, foct	20A. AUTOPSY? (Yes or No. 1)  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN the control of the contr	JURY OCCUR?  19 4 7 to	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  plinian death accurred on the
MEDICAL CERTIFICA	heort loilure, o injury of comp  Al  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFI TO THE DE, DISEASE OR C 19.A. DATE OF C	inthenio, etc. II meonicicolion which couses  NTECEDENT CAUSE:  R CONDITIONS, if obove couse (A) CONDITION lost.  IIICANT CONDITIONS ATH BUT NOT RELEVANT NOT REL	s the disease, d death.)  S ony, giving stoling the  CONTRIBUTING ATED TO TH IT. NOTION FOR V RFORMED  21B. Wh Wo  If attended the death of the deat	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, first at Work a	20A. AUTOPSY? (Yes or No. 1)  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN the control of the contr	JURY OCCUR?  19 4 7 to	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  plinian death accurred on the







()-520 BALTIMO	DRE CITY HEALTH DEPARTMENT	67 10381
BIRTH NO. 67 19381 CERTI	FICATE OF DEATH Registered No.	07. 20002
M.E. CASE NO.  1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print)	10/27/67	11:15
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If inst	
	A. STATE B. COUNTY	mondia residence bendre donna
FULL NAME OF (If not in hospital or institution, give street	MD,	
HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RL	JRAL and give township)
MERCY Gost. DI	Dattemore	11-0
37 301 St. PAUL Place	D. STREET ADDRESS (If rural, give location)	
Baltimore, Md.	4912 Crapia Cire	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIE	D B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Months: Days   Hours   M
Caucastan WIDOWED, DIVORCED ISP	pecify) 1/59/1896   last birthday)	Months Days Hours M
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN	NDUSTRY 11. MRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)	1	WHAT COUNTRY?
Housevile	Duniverset County	U.S.
3. FATHERS NAME	14. MOTHERS MAIDEN NAME	
Howard & White	Gussie Share	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY N	id. 17. INFORMANT	ADDRESS
	1. O. Peter Owens - 4912 +	Arabia Avenue
18. C	AUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	Intractable Congestive Heart 7.	uskure mos.
(This does not mean the made of dying, e.g., DUI	E'TO	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		
	Runnelstiel Wilson Des	ease yes
ANTECEDENT CAUSES (8)	E TO	·····
DISEASES OR CONDITIONS, if any, giving	Himmelstiel Wilson Dess Timbetes mellities	whs.
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.		
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE	Cetereoscheroses	-yrs.
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION		NDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
W See See See See See See See See See Se	JRY (e.g., in ar about ZTC. WHERE DID (If in Baltimare	City sive exact leasting
OR CONTRIBUTING CAUSE OF home, form, foctory,	street, office bldg., INJURY OCCUR?	City, give exact location)
DEATH (notify medical examiner) etc.)		
21D. TIME IMonth) (Day) IYear) IHour) 21E. INJURY OCCUR	RRED 21F. HOW DID INJURY OCCUR?	
Vhile At ☐	Not While	
Wark	At Work	water Han
22. Certify that (1) (this haspital) attended the deceased from	am 9/5/67 19 to	10/27/67 19
that (1) (we) lost sow the deceased alive on	10/27/6/19 and that in (my) (our) opini	on death occurred an the
and hour and from the couses stated above (1) (We) (did) (di	ld not) view the body ofter death.	
23A. SIGNATURE		23B. DATE SIGNED
Classiff Miles	A.D. Attending Med. Stoff	10/27/67
Jean My////whene	Phys. Director Phys.	10/-1/-/
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
	M.D.	
MALBURIAL CREMATION, 248. DATE 24C. NAME of CEMETER	RY OF CREMATORY 24D. LOCATION ICity.	, town, or county) ISto
REMOVAL (Specify)		
Burial 10-31-67 Baltimore		teru
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1301 Violent E. Jakent	John C. Miller Inc-6415	Belair Rout
/S 150-REV. 1/1/65	The state of the office of the	



J-	162 0	BALTIMORE CITY	HEALTH DEPARTMENT	- \/	67 10382
BIRTH NO.  M.E. CASE NO.	0,6	10382 CERTIFICA	TE OF DEATH	Registered No	
Type or Print)	CEASED		2. DATE AF	NO HOUR OF DEAT	
UCF	FERSON G.	RACE		7167	12:30 AN
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whe		institution: residence before odmission)
FULL NAME	OF (If not in hospital of oddress or location	or institution, give street	C. CITY OR TOWN III OU	0 % tside city limits, with	RURAL ond give township)
INSTITUTION	UNIVERSITY	1405017A6	SNOW IVIL		73-00
29	DULLANSTIA	7000	D. STREET ADDRESS (If		, ,
20			PT. 2		
SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
F	W	WIDOWED, DIVORCED (specily)	3/27/13	lost birthdoyl	Months Doys Hours Min.
A. USUAL OC	CUPATION (Give kind of work	10B. KIND OF BUSINESS OR INDUSTRY		ign country)	12, CITIZEN OF
	of working lile, even if retired)		4-22		WHAT COUNTRY?
-INDACE	- OFFILE WORK	Welfare Dept. (co.)	14. MOTHERS MAIDEN NA	0	0 3.4
. FATHERS NA	AME		14. MOTHERS MAIDEN NA	ME	
JAMES	TETTERSO	Bradford 16. SOCIAL	ALICE HI	2655001	
. Was Decease	ed Ever in U. S. Armed Fore	es? 16. SOCIAL	17. INFORMANT Mrs. Ninz Raed DAUGHTER		ADDRESS
ila.	whill yes, give wor or dore		Mrs. Ninz Kaed	ones	
NO	5 - 5 - 2 -	215010139	F DEATH	Sho	w 4:11 Hcl-
18.3	30XI		F DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DIR LEADING TO DEATH				2
(This does	nal mean the made of	dving e.g. DUE TO	BARACIINOID H	EMORKHAGE	2 3 UREKS
heart failure	e, asthenia, etc. II means	the disease,			
injury at co	amplication which caused	death.)	10 KM TRONG	u checilo	057
	ANTECEDENT CAUSES	DUE TO	PRYSM IJN TERMA		
	OR CONDITIONS, if				
	the above cause (A) NG CONDITION last.	slaling the (C)		)	,.,
	- 11				
TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA	TED TO THE			
19A. DATE	R CONDITION CAUSING I	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ol 208, IF YES, WER	E FINDINGS CONSIDERED
19A. DATE	WAS PERF		7	IN CERTIFYING C	AUSES OF DEATH?
21 A. ACCID	ENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact location)
OR CONTRI	BUTING CAUSE OF illy medical examiner	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
)					
OF INJURY	(Month) (Doy) (Year)		21F. HOW DID IN	URY OCCUR?	
(APPROX.)		While At Work At Work			
22 1 222414	Su shee (II) ship hasnisal	) attended the deceased fram	10/18/17	19ta	10/27/67 19
		1 / -			/
that (1) (w	e) last saw the decease	d alive an 10 ft 116 f.	19and th	natin(my) (aur) a	plnian death accurred on the da
and haur a	nd from the causes stat	ed abave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNA	1 1 V				238, DATE SIGNED
to	M. Auga	M.D. Att	ending Med. Director	Stoll Phy s.	10/27/17
23C.PHYSIC	IAN'S	1,	23D. ADDRESS		1 1 9 1
NAME		600		10301101	
/	1110	GAR M.D.	UNIVERSITY	JUNITAL	
REMOVAL	REMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	(City, lown, or county) (State)
Runial	10 hale	7 Rouse Mitte	12 N/2	IN IM	3-1-12
SA. DATE REC	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	Wark Ille	ADDRESS
NOV 1	1 1967 00	B. Q Fr. Dance	5 - 56	. //	- 11:11 4 1
HUY	1001 Uple	D C' Across, m	Jonnay Til	Comes,	pow Hell Mill
'S 150-REV. 1/1	1/60		/ /	-	





BALTIMORE CITY HEALTH DEPARTMENT SISTH NO. ADCUIFFE ROAD If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? CISA ADDRESS INTERVAL BETWEEN ONSET AND DEATH coronary athers cleros 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 23 B. DATE SIGNED UNION MEMORIAL HOSPITAL 25C. FUNERAL DIRECTOR ADDRESS 25A. DATE RECID BY HEALTH DEP John Burns Sons, Towson, Maryland VS 150-REV, 1/1/65

FACTING SITE UNION MEMORIAL HOSPITAL 9/2 RADCLIFFE RUND M WHITE WIRELED 77 18-81-60 - 11 POLAND NONE CLERK (INVENEUN) CHENOUNI Myster chartengers of mines corner y atheres schools -N. 1905. E. J.

PAUL V PESSE CARDO

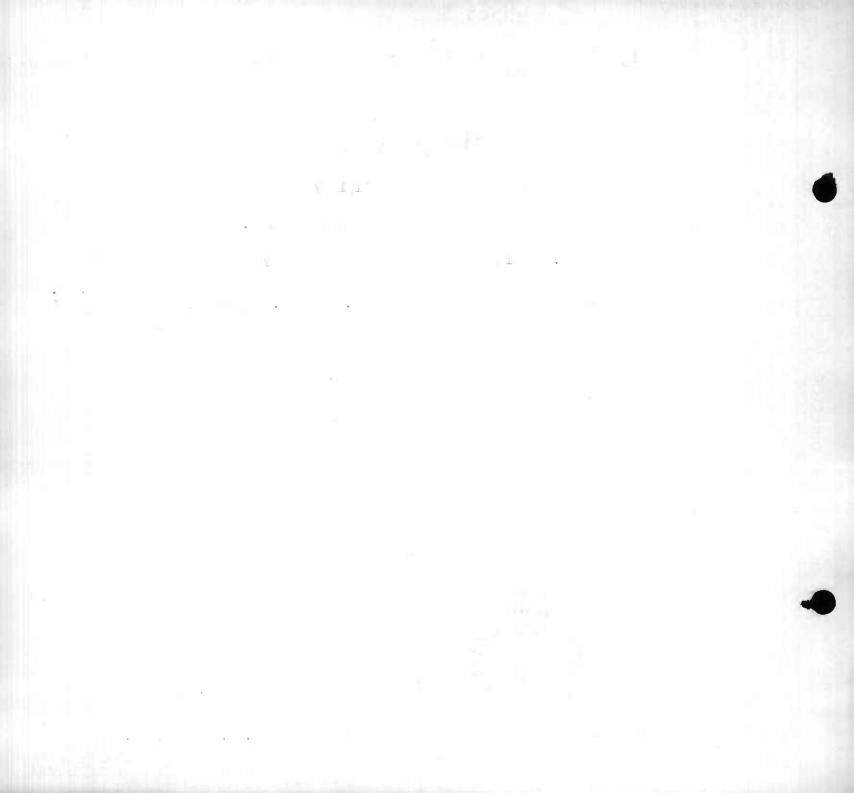
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To a 1 To a 1 Table 20 AWARTER TO BE AT a Punt

BIRTH NO.	67 103	700	TE OF DEATH	Registered No.	67 10385
M.E. CASE NO.  1. NAME OF DECEASED (Da		CERTIFICA		ND HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMO	in I	serring		-24-67	stitution: residence before admission)
3. PLACE OF DEATH IN BALTIMO	OKE, MAKILAND		A. STATE B. COU		stitution; residence betare dunissian)
	hospitol or institution lacotion)	on, give stieet	C. CITY OR TOWN (If or	utside city timits, write	RURAL and give township)
1/1 the		11. 4	BALTIMOR D. STREET ADDRESS	rural, give lacation)	16-03
46 Cuit		Mospi Col		ST LANVAL	Ē
5. SEX 6. RACE		ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 21/1887	9. AGE (In years tast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
IOA, USUAL OCCUPATION (Give ki done during most of working lite, even i Housewife		OF BUSINESS OR INDUSTRY	Baltimore,		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
Herman	J. Reinle		2		
15. Was Deceased Ever in U. S. A (Yes, na or unknown) (If yes, give wo		e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Mer	cantile Sf. Dp.
No None			Mr. Louis W. H		outh Street #2
18. 260 X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDIT			VA.		2 320
(This does not meon the r	node of dying, e		<u>V</u>		· Sawys
heart failure, astheria, etc. I injury or complication which		ise,	111		
ANTECEDENT	CAUSES	(B) VT	) V.D .		
DISEASES OR CONDITION		- 11-	-1 600.		
UNDERLYING CONDITION		(0)	R. Harrison		
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OR CONTRIBUTING CAUSE  CON	OF	21B. PLACE OF INJURY (e.g., i hame, tarm, factory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact location)
21D. TIME (Month) (Doy: OF INJURY (APPROX.)	(Year) (Haur)	21E, INJURY OCCURRED  While At Not While	21F. HOW DID IN	JURY OCCUR?	
		Wark At Wark	20 0 2	10/ 3	10 211 10/3
22. I certify that (I) (this		100	1 / ~	- 6	
that (I) (we) lost sow the					nion death occurred on the da
ond hour ond from the cou	ses stoted obove	6. (I) (#e) (did) (did not) (	riew the body offer deoth	•	23B, DATE SIGNED
0.1.	4		ending Med. Director	Stoff Phys.	
23C.PHYSICIAN'S	runa	Phy	23D. ADDRESS	rnys.	4
NAME (Type)	Turki	udu M.D.	Luthers	on Hospi	lol
REMOVAL (Specify)	DATE 240 28/67	Cedar Hill Ceme			ity, tawn, ar caunty) (State)
25A. DATE REC'D BY HEALTH D	PT.   258. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTO	A. A. County	Bulto, my
VS 150-REV. 1/1/65			11.11	umes n	no null na



.E. CASE NO.	() (	1038	CERTIFICA	ATE OF DEATH	Registered Na			
NAME OF DECEASED				2. DATE	AND HOUR OF DEATH		0	
ype or Print)	VILBUR '	W. ROE	BERTS	10	) - 29 - 67		1000	0.
PLACE OF DEATH IN B	ALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE	Where deceased lived, If in	stitution: re:		admi s s
					YNUC			
FULL NAME OF (III	not in hospital a Idress or location	ar institution,	give street	MARYLAI				
INSTITUTION				C. CITY OR TOWN (I	f outside city limits, write	RURAL and	give townhip	1
33		CODITA		BALTIM			7	الرل
JOHNS HO	PKINS H	OSPITA	\ L. •	D. STREET ADDRESS	(If rural, give location)			
				2016 E	. 31ST.ST			
SEX 6. RACE		7. MARRIED, WIDOWEI	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under Months	Yr. If Un Days Hours	der 24 Mi
MALE   WH	ITE	MA	RRIED	1-7-1908	50			
		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	fareign country	12. CITIZ	EN OF	
one during most of working lif	e, even if retired)	D2	0 3			WHA	T COUNTRY?	
Salesman		Flumbl	ng Supply	Baltimore,				
FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
CHARL	ES E. R	OBERTS	5	MARY	INSLEY			
. Was Deceased Ever in	J. S. Armed Ford	ces?	1 6. SOCIAL	17. INFORMANT	INOLET		ADDRESS	
es, no ar unknown) (If yes,			SECURITY NO.	Taken Taken				
	orld War	П	213-10-9052	Mrs. Dorothy	W. Roberts		ddress	
18. 163 X	1		CAUSE	OF DEATH			NTERVAL BET	
DISEASE OR C		ECTLY		0	0111		- 10	
(This does not mean	G TO DEATH		(A)	phymian	nul		3-46	2
DISEASES OR CON	DENT CAUSES	ony, giving	(B) DUE TO	+ ymaropmo +	Shistopulin Rul	******	~ 9 ~ ~	
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BALTIMORE CITY HEALTH DEPARTMENT 10389 CERTIFICATE OF DEATH Registered No. h occurred in a hospital and contributing cause of death etermined cause; (5) Deceased M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH no death. 4. USUAL RESIDENCE (Where deceased attendance A. STATE B. COUNTY MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street eddress or lecotion) (If outside city limits, write RURAL and give township) C. CITY OR TOWN BALTIMORE (If rurel, give location) 4919 EDGEMERE AVENUE regular MARRIED, NEVER MARRIED 5. SEX 6. RACE 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. Months: Doys deceased WIDOWED, DIVORCED (specify) lost birthdey FEMALE WHITE MAY 15, 1889 WIDOW 78 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF sposition Ξ done during most of working life, even if retired) (4) Und HOUSEWIFE AT HOME RUSSIA MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MICHEAL BOROSHAFSKY ? ELSIE death 0 0 15. Wes Deceesed Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final (Yes, ne er unknewn) (If yes, give wer er detes of service) SECURITY NO. attendance MRS. JEANETTE RIVLIN. 2703 LIGHTFOOT DRIVE NO any pronounced 1B. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY lmed tracture of LEADING TO DEATH (This daes not meen the made of dying, bal heart failure, asthenia, etc. It means the disease, ar injury ar camplication which coused death.) ANTECEDENT CAUSES who DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating the physician UNDERLYING CONDITION lost. Was rema CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING an TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION the 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in er ebout 21C. WHERE DID heme, ferm, fectory, street, office bldg., INJURY OCCUR? where (If in Beltimore City, give exact location) hospital °Z DEATH (netify medical exominal) any nature; MEDI (Menth) (Doy) (Yeer) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While T (APPROX.) Weik At Werk and the 22. I certify that ( this hospital) attended the deceased from. that sow the deceased alive on. 19 ... and that in (our) opinion death occurred on the date eath) ō hospital and hour and from the couses stated above. (We) (did) (did we) view the body after death. must was released An accident 23A. SIGNATUR 23B. DATE SIGNED Ö Attending Stoff M.D. Med. 0 Director Phy 5. pproval Phys. ō 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) SUSAN M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME el CEMETERY or CREMATORY eceased 24D. LOCATION (City, lewn, er county) 0.0 REMOVAL (Specify) shows: BURIAL 10-31-67 WORKMEN CIRCLE BALTIMORE, MARYLAND Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. . 6010 REISTERSTOWN RD

If Under 24 Hrs.

Hours

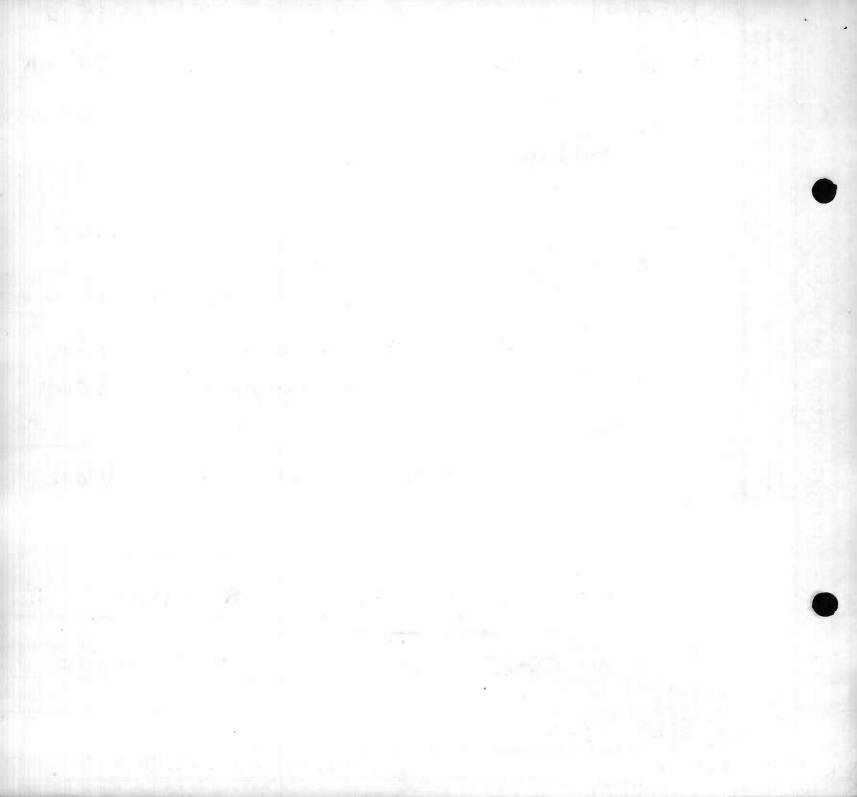
WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

U.S.A.



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

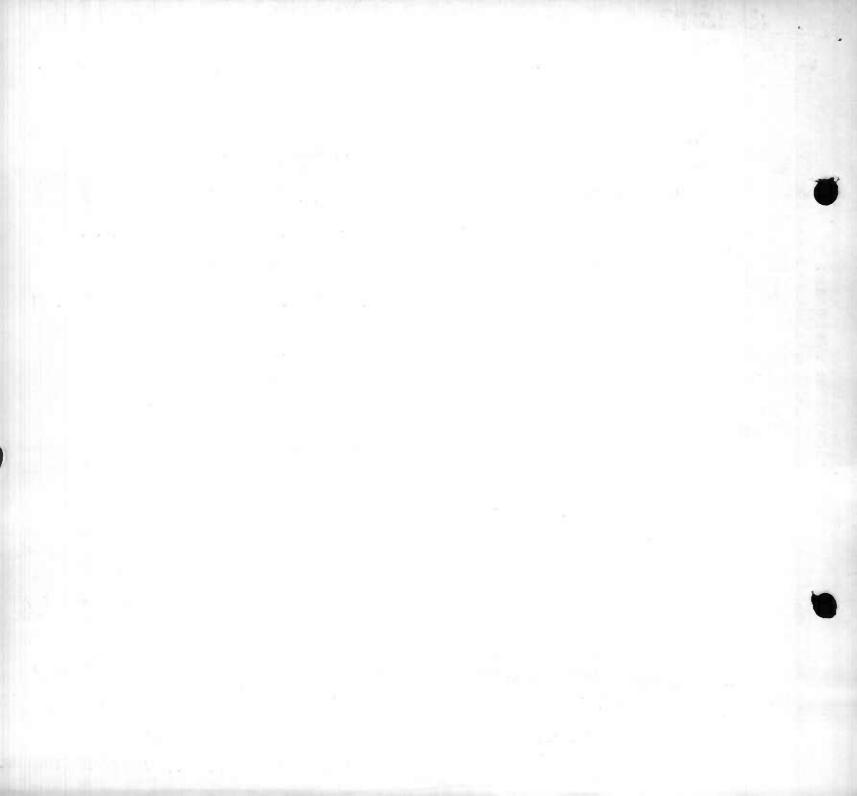
BALTIMORE CITY HEALTH DEPARTMENT



L	J-560 07 1	BALTIMORE CIT	Y HEALTH DEPARTMENT		57 10391
BIRT	TH NO.	CERTIFICA	TE OF DEATH Re	gistered No	70001
1, N	E CASE NO.	NEINER	2. DATE AND HOL	JR OF DEATH	MARIA
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAN	ND NO	4. USUAL RESIDENCE (Where decel	used lived. If institut	ion: fesidence before admission
1	FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	titution, give street	Maryland c. CITY OR TOWN (If outside cit Baltimore	ly limits, write RURA	L ond give township)
6	SINAL HOOPI	The state of the s		ve location)	21-6
5.		ARRIED, NEVER MARRIED (Specify) Divorced (specify)	lost birt	(In years If Ma	Under 1 Yr. If Under 24 Hrs hths: Days Hours Min,
	e during most of working lite, even if retired)  HOUS EWERT	t Home	11. BIRTHPLACE (Stole or foreign court Austria	ntry) 12	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	«Michael Mor	<del>gans ter</del> n	Annie Rice		
	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown)(If yes, give war or dates of s	1 6. SOCIAL	17. INFORMANT		ADDRESS
,, 63	Junio Will Jes, give wor or doles of s	ervice) SECURITY NO.	Mrs. Sadie Goldste	in 3711 C	larks Lane #15
	DISEASE OR CONDITION DIRECTL	U . A.	A SCIIT	)	ONSET AND DEATH
	heatt foiluse, asthenia, etc. It means the a injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis UNDERLYING CONDITION tost.	(B)DUE TO	Cerebral arter	Lay Amer	- Sudden-3:3
ATION	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE	Diabetes/	melletas	
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	ED	Ules IN C	IF YES, WERE FIND	OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, lorm, loctory street, etc.)	(00)		, give exact location)
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	22. I certify that (I) (this hospital) atte that (I) (we) last sow the deceased oli	2171	19 01 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19 11 19		deoth occurred on the do
	and haur and from the causes stated of	poye. (1) (We) (did) (did not)	view the body ofter death.	DOA	
	23A. SIGNATURE  23C. PHYSICIAN'S	RAU M.D. AT	tending Med. Stoff Director Phys.	23B	DATE SIGNED
246	NAME (Type)	SHALOWM.D	· SINAI	HOSE	PITAL
-7,	REMOVAL (Specify)				wn, or county) (Stote)
25A	Burial 10/19/1967  A. DATE REC'D BY HEALTH DEPT. 258.	Shaarei Zion	DEC FUNERAL DIRECTOR	imore, Mari	ADDRECC
	NOV 1 1967 (?.	O. B E Farbure	Sol Levinson & B.	ros. 6010 1	Reisterstown Ro
VS	150-REV. 1/1/65				

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ype or Prin	DECEASED			110		ND HOUR OF DEATH	
			D. RICHMO	ND	OCTOB	ER 30, 1967	nstitution: residence before admission
. PLACE C	OF DEATH IN E	ALTIMORE, MA	ARYLAND		A. STATE B. COU	ere deceosed lived. If i NTY	nstitution: residence before admission
FULL NA	ME OF (I	not in hospital	or institution, gr	ve street	MARYLAND		
INSTITUT		acress of locollo	on/		C. CITY OR TOWN (If o	utside city limits, write	RURAL ond give to waship)
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01					6214 BENHURST		
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	OCCUPATION			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
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3. FATHER				7710	14. MOTHER'S MAIDEN NA	ME	
LATE	HARRY G	OLDINER			LIVING GERTRU	DE KLIGMAN	
		U. S. Armed For	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT	and the same of the same	ADDRESS
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	DISEASE OR C	ONDITION DI	RECTLY			0 0	ONSET AND DEATH
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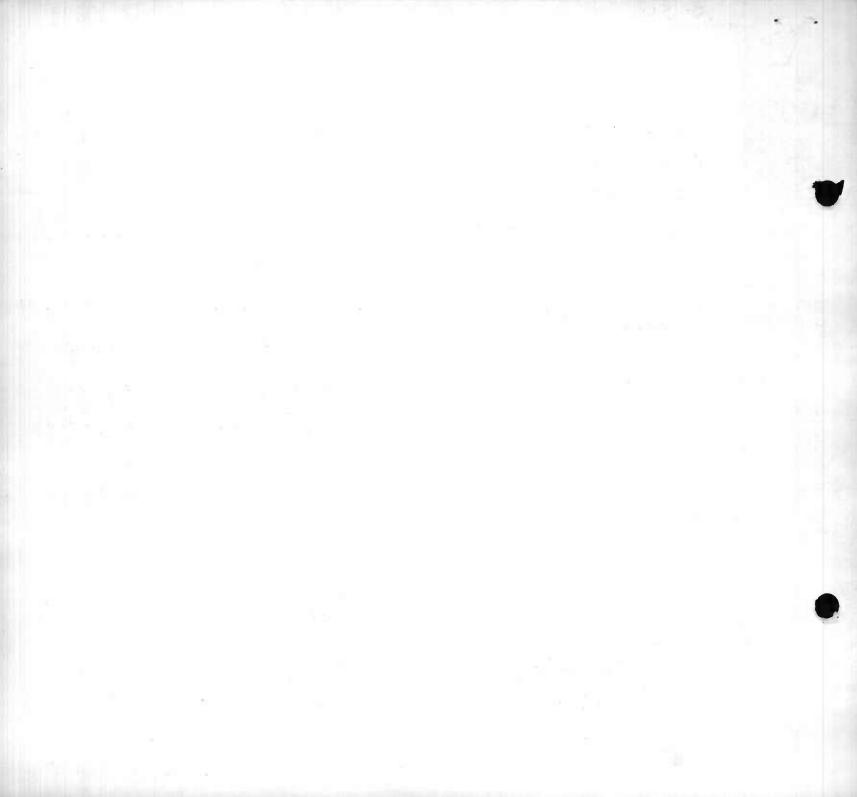


a hospital and

E. CASE NO.			33 CERTIFICA			
NAME OF DE	DORA ROB	SINSON			SER 30, 1967	
PLACE OF DI	EATH IN BALTIMORE MA			4. USUAL RESIDENCE IWhe	re deceased lived, If	institution: residence before admiss
FULL NAME HOSPITAL OR INSTITUTION		or institution, g	live street			RURAL ond give lower hip)
5906 KE	Y AVENUE				rurol, give location)	2/-00
00				5906 KEY AVEN	UE	
FEMALE	6. RACE WHITE	WIDOWED	NEVER MARRIED , DIVORCED (specify) RRIED	FEBRUARY 15, 219	9. AGE (In years last birthdoy) 04 63	If Under 1 Yr. If Under 24 Months Doys Hours Mir
A, USUAL OCC no during most of HOUSEW	I working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12, CITIZEN OF WHAT COUNTRY?
FATHER'S NA				14. MOTHER'S MAIDEN NA	ME	U.S. N.
	N COHEN			FANNIE EVAN	S	
	d Ever in U. S. Armed Forn) (II yes, give wor or dote		16. SOCIAL SECURITY NO.	IR. JULIUS ROBI	VSON - 5906	ADDRESS KEY AVENUE #21215
(This does hearl foilure	ASE OR CONDITION DI LEADING TO DEATH no! meon the mode of ,, osthenio, etc. It meons mplicolion which coused	dying, e.g., the diseose,	CAUSE O	/	el floods	nterval between onset and death
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allenn test hada 311-0.26 G. L. PEro 4-115/01 Marcel Leve

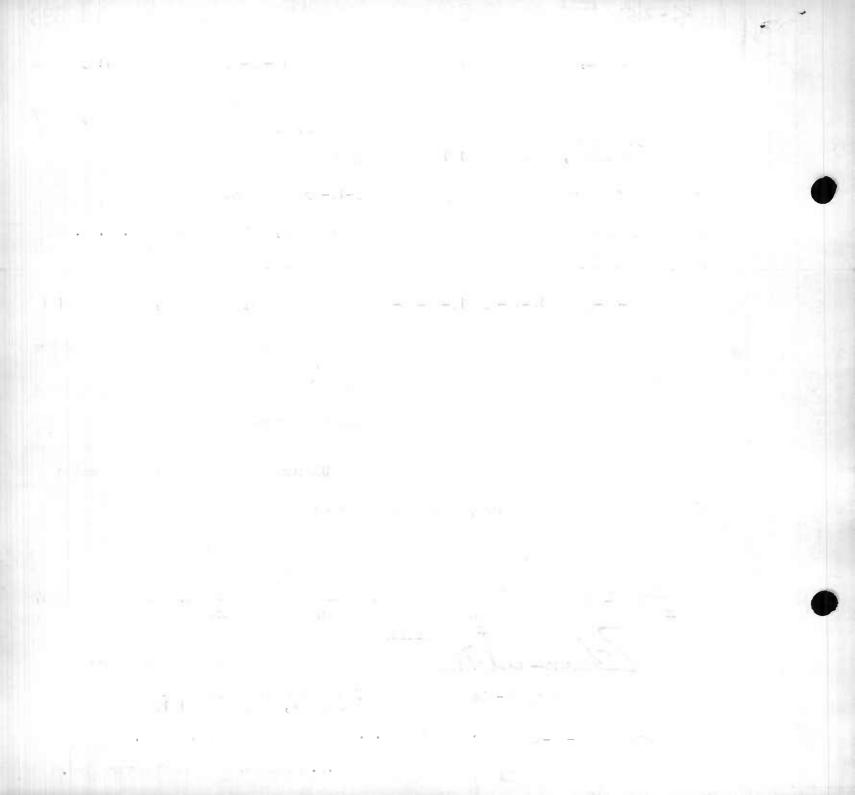
BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before admission)
A, STATE
B, COUNTY (If outside city limits, write RURAL and give tower #21215 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 2624 A GATEHOUSE DR. INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ... and that in (my) (aur) apinian death accurred an the date 23B, DATE SIGNED (City, town, or county) BALTIMORE, MARYLAND ADDRESS SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN VS 150-REV. 1/1/65



	01	1039	CERTI	IFICAT	E OF	DEATH	Registered	No	67	11139	15_
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FULL NAME CHOSPITAL OR	)F (If nat in hospital oddress or locatio		give street			ld.		1. =1			
INSTITUTION	oddiess of locollo	""			C. CITY OR T		outside city limits, v	write RUR.	AL ond g	ive jownship	-//
an	Could Com	- PV -			D. STREET AL	more	f rurol, give locatio	m)		10	4
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· epu	6. RACE	TT AAABBIED	NEVER MARRIE		DATE OF B		9. AGE (In years		Under 1	V. 1/ 11	n. 24
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Yes, no or unknown	(If yes, give wor or dote		SECURITY N	10.				-	Le	1	id.
No			217-48-8			n.gar.er	I. Keithl	еу 14			-
	2,/1		C	AUSE OF	DEATH					TERVAL BET	
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A. STATE B. COUNTY NEW JERSEY ATIANS C. CITY OR TOWN (If outside city lir ATIANTIC CITY  D. STREET ADDRESS (If juro), give li 4 SAINT DAVIDS PLACE 3. DATE OF BIRTH 9. AGE (In lost birthday 5-17-25 11. BIRTHPLACE (Stote or foreign country)  GLEN LYON, PENNSYL  4. MOTHER'S MAIDEN NAME MARTHA NOVAK  17. INFORMANTHOSPITAL RECO	I 1:25  If lived, If institution: residence before odn  TIC  mits, write RURAU and give township)  location)  E  years  If Under 1 Y1. If Under 1 Months; Doys Hours;  WHAT COUNTRY?  VANTA  U. S. A.  ORDS  ADDRESS  TIMORE, MARYIAND 2121  INTERVAL BETWEE ONSET AND DEA
4. USUAL RESIDENCE (Where deceosed A, STATE B. COUNTY NEW JERSEY ATLAN! C. CITY OR TOWN (If outside city fir ATLANTIC CITY  D. STREET ADDRESS (If ourol, give lied to the state of the stat	TIC mits, write RURAL and give township)  accordion)  E years  If Under 1 Yr. If Under 1 Yr. Months Doys Hours  12. CITIZEN OF WHAT COUNTRY?  VANIA  U. S. A.  ORDS  ADDRESS  TIMORE, MARYLAND 2121  INTERVAL BETWEE ONSET AND DEA  oderately about 2 yr  about 2 yr
NEW JERSEY ATLAN'  C. CITY OR TOWN (If outside city line ATLANTIC CITY  D. STREET ADDRESS (If turo), give line 4 SAINT DAVIDS PLACE  5. DATE OF BIRTH   9. AGE (In lost birthdoy 42    11. BIRTHPLACE (Stote or foreign country)  C. GLEN LYON, PENNSYLV  4. MOTHER'S MAIDEN NAME MARTHA NOVAK  17. INFORMANT HOSPITAL RECOVET ADMIN HOSP, BALT  DEATH  DEATH  DEATH  CONTROL OF THE COUNTRY ADMIN HOSP, BALT  CONTROL OF THE COUNTRY ADMIN HOSP  CONTROL OF THE	price rural ond give township)  (cotion)  E  yeors   If Under 1 Yi. If Under 1 Hours   Poys Hour
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GLEN LYON, PENNSYLY  GLEN LYON, PENNSYLY  MARTHA NOVAK  TO INFORMANT HOSPITAL RECOVET ADMIN HOSP, BALY  DEATH  DEA	VANIA U. S. A.  ORDS  ADDRESS TIMORE, MARYLAND 2121  INTERVAL BETWEE ONSET AND DEA  oderately about 2 yr  about 2 yr
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IN CERT	YES, WERE FINDINGS CONSIDERED TRYING CAUSES OF DEATH?
or obout 21 C. WHERE DID	in Baltimare City, give exact location)
ce bldg., INJURY OCCUR?	
21F. HOW DID INTURY OCCU	JR?
	10 29 OCTOBER 19 6
	(aur) apinian death accurred an t
ew the body after death.	
	23B. DATE SIGNED
Director Phys.	10/30/67
	T ENTA DE
	21218
MATORY 24D. LOCATION	(City, town, or county)
C. Glen Lvo	on, Penna.
25C. FUNERAL DIRECTOR	20204
	20A. AUTOPSY? (Yes of No.)  20B. IF IN CERT IN



5-327		HEALTH DEPARTMENT		67 10397
BIRTH NO. 67 10	397 CERTIFICA	TE OF DEATH	Registered No	0/ 1000/
I.NAME OF DECEASED	- 1		NO HOUR OF DEAT	Н
Type or Print) Durett S	tokes	(Oc	t. 27.1	967160.
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admissi
FULL NAME OF (If not in hospital or instituti	ion give skeel	Maryland		
HOSPITAL OR INSTITUTION	A A	C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give township
tranford D	elilar Inc	Baltimore		15 -deft 1
40 2117 Den	way St.	D. STREET ADDRESS (If	rutol, give location)	
	212/6	2117 Deniso		
M WIDO	NED, NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Avtict	^,	?		Z
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	01
-		mol 1	Ewows	Z.
5. Was Dedeosed Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give wor or dates of servi-	16. SOCIAL	17. INFORMANT	- 1	ADDRESS
ves, give wor or doles of servi	220-12-8506	Marie (1 =	toy 21.	17 Demeson 07
18. 1/Q1 V		F DEATH	-	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	n	1	1	ONSET AND DEATH
LEADING TO DEATH	(1)	ronchopmo	umbal	1 days
(This does not meen the mode of dying,		Aut De		
heart failure, asthenia, etc. It means the dise- injury or complication which coused death.)	ose,	V		
ANTECEDENT CAUSES	(B)	**************************		
DISEASES OR CONDITIONS, if ony, give	DUE TO			
rise to the obove couse (A) stoling				***************************************
UNDERLYING CONDITION Iosl.				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
O THE DEATH BUT NOT RELATED TO				
19A. DATE OF OPERATION 19R. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERI	E FINDINGS CONSIDERED
ш		VLO	IN CERTIFIENG C	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21C. WHERE DID flice bldg., INJURY OCCUR?	(If in Ba)time	ore City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Not While At Work	e		
22. I certify that (I) (this hospital) attende	l		19 65 10	(1) 12 9
	10176	1 / 7		10/27 196
that (1) (we) lost sow the deceased alive	011		of In(my) (our) o	pinlon death occurred on the c
and haur ond fram the causes stated above	e, (I) (We) (dId) (d <del>id-net)</del> v	riew the body ofter death.		
23A. SIGNATURE	1	adia and	e	23B. DATE SIGNED
Lawn of, le	M.D. Att		Phy s.	10/27/6/
23C. PHYSICIAN'S	4	23D. ADDRESS	1	D150
Kobert H. Ke	11er M.D.	606 Con	undem	Mel. 2/220
4A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (	City, town, or county) (State
Burial 10/30/67	Loudon Park Cem	eterv	altimore, M	(d.
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	- Lucianor Co	ADDRESS Bu
NOV 1 1967 R.D. B 8		2/m L 7	1=6	1 8 - 2
/\$ 150-REV. 1/1/65		100111	when	- delmorto

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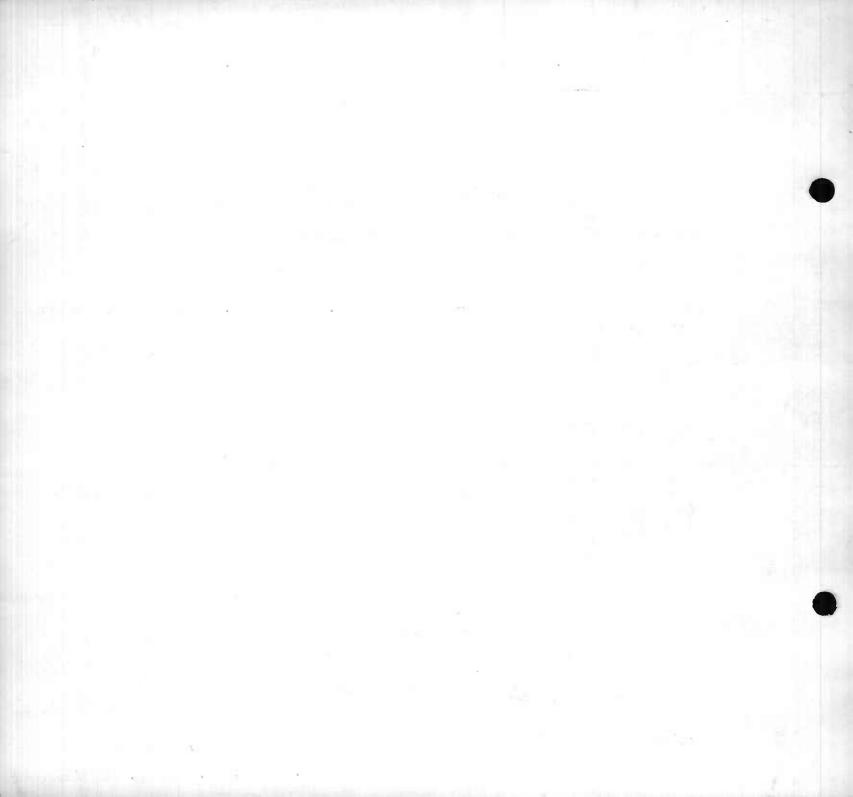
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 151-REV. 1/1/65

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Charles Salter Johnson, 17,

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Carl Alen Tryll Imped Amel P Amil

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CULTIFF. EVANS

FUNERAL DIRECTOR: IMPORTANT

-	5-300	000	10100	BALTIMORE CI	Y HEALTI	DEPARTMENT		On	10400
	H NO.	67	10400	CERTIFIC	ATE C	F DEATH	Registered N	10. 0/	10400
	CASE NO.						ND HOUR OF DEA	TH	
	or Printly 4 / '		MC	1-	,				nuli-D
3. PI	LACE OF DEATH IN BALTI	MORE MAR	CLAND	holl A	14. USU	AL RESIDENCE (Whe	o ber	If institution:	2:45 P
	THE OF BEATT IN SPACE	TO RES TOTAL			A. STAT	E B. COUN	ITY ,	, , , , , , , , , , , , , , , , , , , ,	
			institution, give	street	11/	TARYLA.	rd		
	OSPITAL OR addres	s or location)			C. CITY	OR TOWN (If ou	tside city limits, wi		give township)
0	0		,		1	ET ADDRESS (IF	ORE		20-01
	116 N. MC	nlas	TERN	AUF	D. STRE				1
/	10 10, 10	10170	1219	7,00	/	16 N.	TONAST	ERY	AUE.
5 <b>. S</b> 1	EX 6. RACE	7	MARRIED, NE	VER MARRIED IVORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years lost birthday)	U Unde	Doys Hours Min.
1	EMALE Whi	T =	wido		May	31,1880	87		
10À.	USUAL OCCUPATION (Give	kind of work 1			Y 11. BIRT	HPLACE (State or fore	ign country)		ZEN OF
done	during most of working life, eve		7	4.	1	1		WH	AT COUNTRY?
	HOUSENITE	•	Long	ESTIC	/	ARY LA	nd	4	- J-14.
13. F	ATHER'S NAME				14. MO	THERS MAIDEN NA	ME		
	W. LLIAM	Sci	hLich	ThoRN		Annie	- 7		
15. V	Vas Deceased Ever in U. S.	Armed Force	16.	SOCIAL	17. INFO				ADDRESS
res,	no or unknown) (If yes, give			NONE	No	MARIE MA	./	14/11	+ 1
		ONE					nemul 111	SN. Ho	WASIERY M
	18. 260 X			CAUSE	OF DEATI	,	1		INTERVAL BETWEEN
	DISEASE OR CONE		CTLY	R	ner	-4510 No	a- L. la	10	
	LEADING TO		duine and	(A) CO	4705	tive He	Mar.	400	
	(This does not mean the heart failure, asthenia, etc.			DUE 10	0	/	2. /		
	injury ar complication whi	ch caused	death.)	Q's	nRo	tes me	lifus,		
	ANTECEDEN	T CAUSES		DUE TO	1000	le intime	2 ante	no	*****
	DISEASES OR CONDITI	ONS, if a	ny, giving	177	pery	Jesus Lengion Le O. U.	26000		
	rise to the abave c		staling the	1000	100	ce 6.0-	alsen	-	
	UNDERLYING CONDITIO	N last.							
7	II II								
9	OTHER SIGNIFICANT CON TO THE DEATH BUT								
Y	DISEASE OR CONDITION				T20 A	ALLEG DEVE (V N	1 200 te vee	TOT FINIDINGS	CONCIDENCE
ERTIFIC	19A. DATE OF OPERATION	WAS PERFO		CH OPERATION	20A.	AUTOPSY? (Yes or N	IN CERTIFYING	CAUSES OF	DEATH?
ER	0		lana au			1010	44: 8:		
	21 A. ACCIDENT WAS UNE		home, f	OF INJURY (e.g. orm, foctory, street,	office bldg.	INJURY OCCUR?	(If in Bolti	more City, giv	e exact location)
CA	DEATH (notify medical exam	niner)	etc.)						
ō		oy) (Year)	(Hour) 21 E. IN.	IURY OCCURRED		21F. HOW DID IN.	IURY OCCUR?		
->	OF INJURY (APPROX.)		While A	Not W	hile				
	(ATTROX)		Work	At Wo	rk -			10	7
	22. I certify that (I) (thi	s hospitol)	attended the	leceased fram	feli.	res. 22	19 6 210 8	20-6	. 30 167
	that (I) (we) last saw th	e deceosed	alive an	)cl. 3"	1	07 and th	nat in (my) (aur)	apinian deo	th occurred on the d
	and haur and from the c	nuses state	d abave (I) (V	(a) (did) (did not	ulaw the	hady after death			
	23A. SIGNATURE	doses store	d abave. (i) (i	re) (did) (did har	VIEW THE	body differ dedin.		228 DA	TE SIGNED
ľ	A CONTRACTOR		(	M.D.	ttending _	Med.	Staff	230.02	60
	acours	exe	m 0-2		hys.	Director	Phys.	16	-1-01
	23C. PHYSICIAN'S		1/1 0		23D. ADI	ORESS 'O	Nom-	0-10	2011
	DA BITYPES ( TV)	95 A	WIN	AS M.	. 20	30 W K	Letto	well.	sallo la.
24A	BURIAL CREMATION, 241	B. DATE	24C, NAMI	of CEMETERY or	REMATOR	24D. I	OCATION	(City, town,	or county) (State
	REMOVAL (Specify)		100 /	1		/	,		111
	BUPIAL 1	1-4-	6/ 20	4 don t	ARI	<. 3	A LTING	P6.	Md.
25A	DATE REC'D BY HEALTH	DEPT.	25B. NAME OF R	EGISTRAR	25C.	FUNERAL DIRECTO	Und HUNE	RAL H	DDRESS /
-	104 T 1821 (	Cal 10. Fr	E. JA. 0.	PL.B	1	nousi &	1 milles	21011	Trederick an
		TOWN TOWN			12		7-1		
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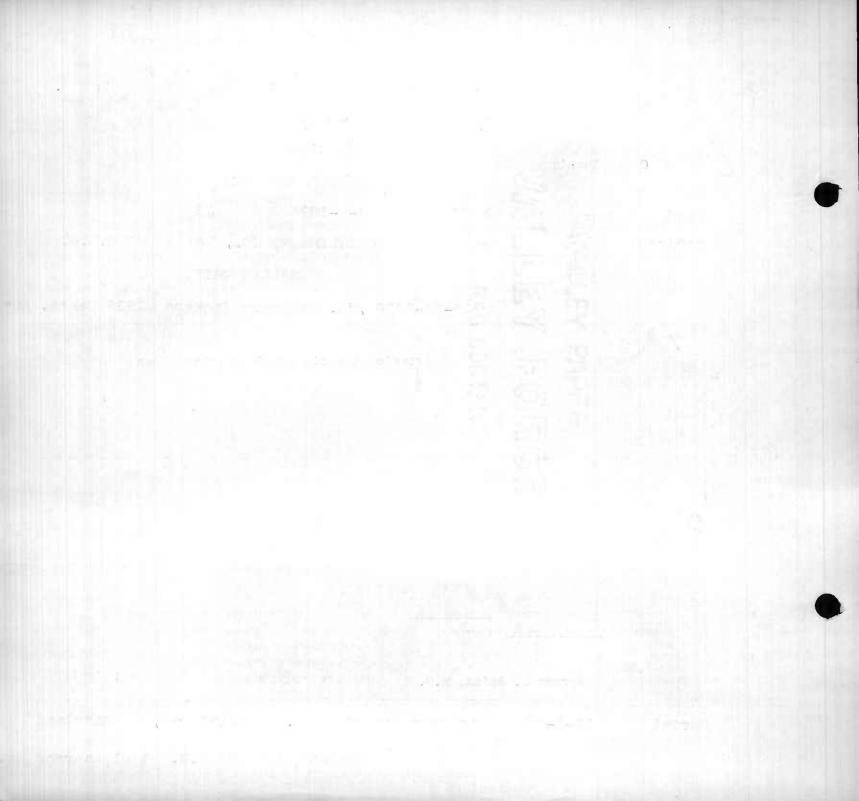
and there had been a Markey Harder and Paren

11-200 CM 1040	BALTIMORE CITY H	EALTH DEPARTMENT		CM 40404	
ыктн но. 67 1040	CERTIFICAT	E OF DEATH	Registered No.	6/ 10401	
M.E. CASE NO.  1, NAME OF DECEASED			D HOUR OF DEATH	- 0	
(Type or Print) M. Carl F	Triah	10/	18/67	1430	O M
3. PLACE OF DEATH IN BALTIMORE MARYLAND		L USUAL RESIDENCE Whe	e descosed lived. If institu	tion: residence before o	admission)
FULL NAME OF (If not in hospital or institution	nive strent	Marylan			
HOSPITAL OR oddrass at lacotion) INSTITUTION	, give siledi	C. CITY OR TOWN (If out	side city limits, write RURA	AL and give township)	-11
2 7	3.4 /	Baltimo	me	16-6	7
Johns Hopkins He	spital	STREET ADDRESS (If	rural, giva lacenan)	94.	+
		1032	N. Pays		
6. RACE 7. MARRIE WIRDW	D, NEVER MARRIED  ED, DIVORCED (specify)  8.		9. AGE (In years If Me	Under 1 Yr. If Under onths; Days Hours;	Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND	uried	12/17/21	40		
ane during mast at Aarking life, even if retired)	OF BOSINESS OR INDOSTRI	D TO STORE STORE		WHAT COUNTRY?	
Medianie		Duscos O	me.	USA	
13. FATHERS MANE	C. 14	. MOTHER'S MAIDEN NA	7		
Elyah // loy 2	DR.	chel.	Cooper		
15. Was Deceased Ever in U. S. Armad Farces? (Yas, 90 or unknown) (If yes, give war ar dates at servica)		INFORMANT '	"100	ADDRESS	
Yes 1946-1966	5/322-60591	1rs. Gerfrud	2 McCoy		
18. 3.3 / X I	CAUSE OF	DEATH	J	INTERVAL BETW	
DISEASE OR CONDITION DIRECTLY	0-1	1	-000	ONSET AND DI	//
LEADING TO DEATH (This does not mean the made of dying, e.g.	(A) And	raciania hom cular le	X La Care	7/2	yu,
heart failure, asthenia, etc. It means the diseas	e,	hom	orrhage		
injury or camplication which caused deeth.)  ANTECEDENT CAUSES	(B) Vas	cular le	SION		
DISEASES OR CONDITIONS, if ony, givin			***************************************		
rise to the obove cause (A) stoting th		20 m	***********************************		
UNDERLYING CONDITION last,					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG				
TO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION CAUSING IT.					
U 19A DATE OF OPERATION 1198 CONDITION FOR	WHICH OPERATION	20A ANTOPSY? (Yas ar No	208. IF YES, WERE FINE	DINGS CONSIDERED	
		yes	IN CERTIFYING CAUSES	OF DEATH!	
	18. PLACE OF INJURY (e.g., in come, form, factory, straet, affic	a bldg., INJURY OCCUR?	(If in Baltimare Ci	ty, give axact lacation)	
DEATH (natify medical examiner)	(c.)				
U OF INJURY	E. INJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?		
2 (ADDROV)	Vhile At Not While [		100	,	
22. I certify they (1) (this hospital) attended	the deceased fram 1D1	28	1967 10 10	128	67
that (1) (we) lost sow the deceased alive on	.01-0		ot in my (aur) opinior	n deoth occurred on	the date
ond haur and from the couses stoted abave					
23A. SIGNATURE	1		231	B. DATE SIGNED	
(ABSY en Dea (	M.D. Attend	ing Med. Diractor	Staff.	10/28/1	7
23C. PHYSICIAN'S	N A	D. ADDRESS	1	11	1
AME (TOO) FINSTEIN	1) Jr M.D.	Johns Hox	okuns t	tispito	/
24A, BURIAL CREMATION, 24B, DATE 24C.	NAME of CEMETERY OF CREM		OCATION (City, II	awn, a county)	(State)
PREMOVAL (Specify)	the NAT C	metern	0/	1/home	4
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	/
WUV 1 1967 R.C. 62.	Farbuna	MARTANIZ	Due IT 1701	LAUPEN	5
VS 150-REV. 1/1/65		III DICIOIU	711	MILLE	

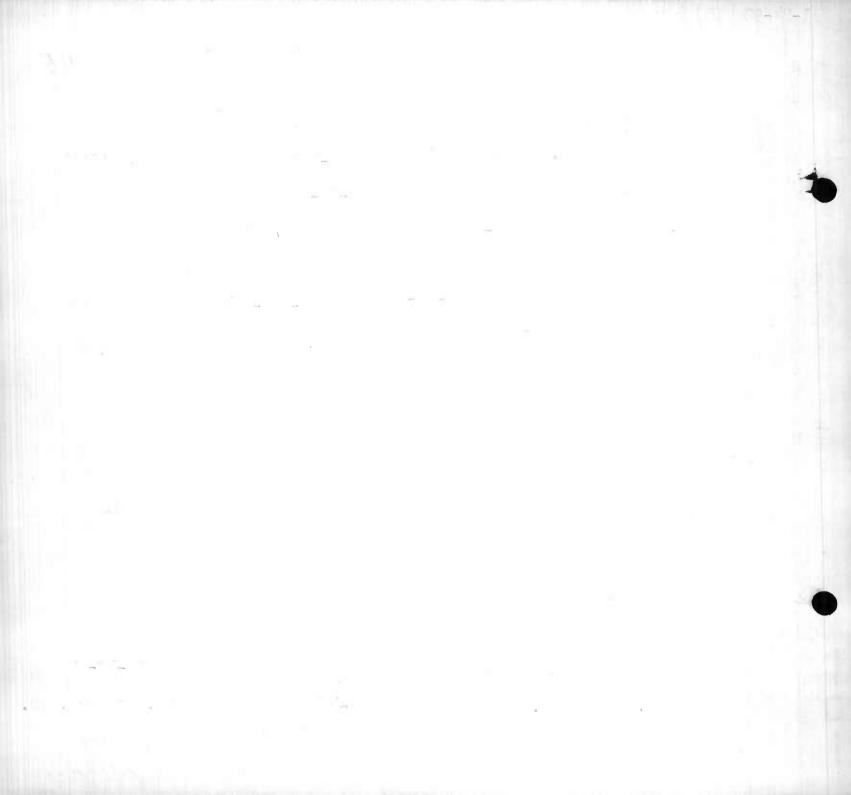
12 mily 1944 Buttimer C. Jehns Hopkins Hospital 1032 N. Payson Street M N Married 8/2/1927 40 Medianie 19 Se. Buttal Ohl. Ethill. Coper 105 1946-1966 ? M. confrate Harry Intracrania / Washing & H 12 M. Vascular Vesion All ENSTEIN, Jr. Johns Hagems Haspital

NAME OF DECEASED		CERTIFICA					
Type or Print) SALLIE M.	AY WE	STBROOK	2. Date and Hour of Death Bet, 29, 1967 6.20.4.				
FULL NAME OF (If not in hospital or		ive street	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  B. COUNTY  MARYLAND				
HOSPITAL OR oddress or locotion)			C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE				
2922 Arunah Aver	nue		D. STREET ADDRESS (If rural, give location)				
			B. DATE OF BIRTH 9. AGE (In years fost birthday) 7-25-1901 66  If Under 1 Yr. If Under 24 Months: Doys Hours M				
3. FATHER'S NAME EDGAR SCOTT			14. MOTHER'S MAIDEN NAME SISSIE SCOTT  17. INFORMANT ADDRESS				
5. Was Deceased Ever in U. S. Armed Forces Yes, no or unknown) (If yes, give war or dates of	s? of service)	1 6. SOCIAL SECURITY NO.					
NO.		224-01-0113	Mr. John Foster 1606 N. Monroe S				
DISEASES OR CONDITIONS, if any rise to the above cause (A) st UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTOUR TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	tating The	,					
		HICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	21 B.	PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID (If in Boltimore City, give exact location)				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	etc.)						
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	(Hour) 21 E.	INJURY OCCURRED  Re At  Not While k  At Work					
21 D. TIME (Month) (Doy) (Year)  21 D. TIME (Month) (Doy) (Year)  22 D. TIME (Month) (Doy) (Year)  22 L certify that (I) (this hospital) of that (I) (we) last saw the deceased	(Hour) 21E, Whi Wor attended the	Not While At Work  deceased from Je	e 1967 to Oct · 29 196				
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospital) of the contribution of the contribut	(Hour) 21E, Whi Wor attended the	Not While At Work  deceased from Je	e 1967 to Oct · 29 196				
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased and haur and fram the causes stated 23A. SIGNATURE	(Hour) 21E. Whi Wor attended the alive an	Not While At Work  e deceased fram  (We) (did) (did nat) v	1967 to Oct · 29 196  1967 and that in (my) (aur) apinian death accurred an the view the bady after death.  238. DATE SIGNED  ending Med. Staff Phys. Stoff 230. ADDRESS				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased and haur and fram the causes stated 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	(Hour) 21E. Whi Wor attended the alive an	Not While At Work to deceased from James (We) (did) (did nat) v	e 1967 to Oct · 29 196  1967 to Oct · 29 196  1968 and that in (my) (aur) aplaian death accurred an the view the bady after death.  238. DATE SIGNED  8. Director Phys. Col. 31, 67  230. ADDRESS  2761 N. Calwert St. Balto · Mid				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased and haur and fram the causes stated 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	(Hour) 21E. Whi Wor attended the alive an	Not While At Work  e deceased fram  (We) (did) (did nat) v	1967 to Oct . 29 196  1967 and that in (my) (aur) aplnian death accurred an the view the bady after death.  238. DATE SIGNED  23D. ADDRESS  2701 U. Calvert St. Balto . Med.  EMATORY  24D. LOCATION (City. town. or county) (Stores)				





VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

ADDRESS

SIGN

INTERVAL BETWEEN

ONSET AND DEATH

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

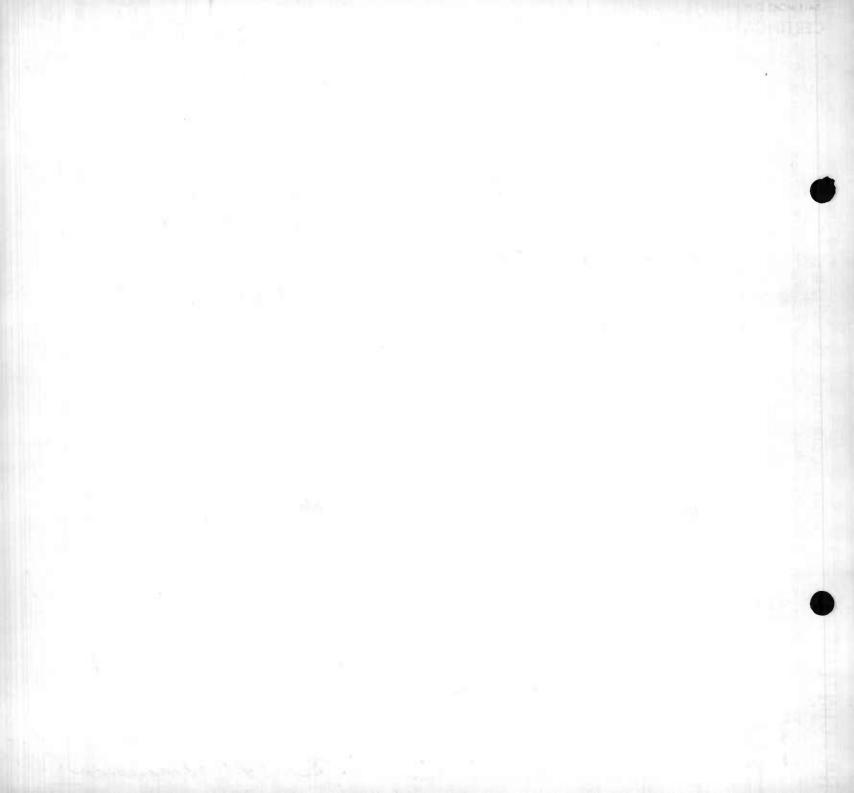


VS 151-REV. 1/1/65

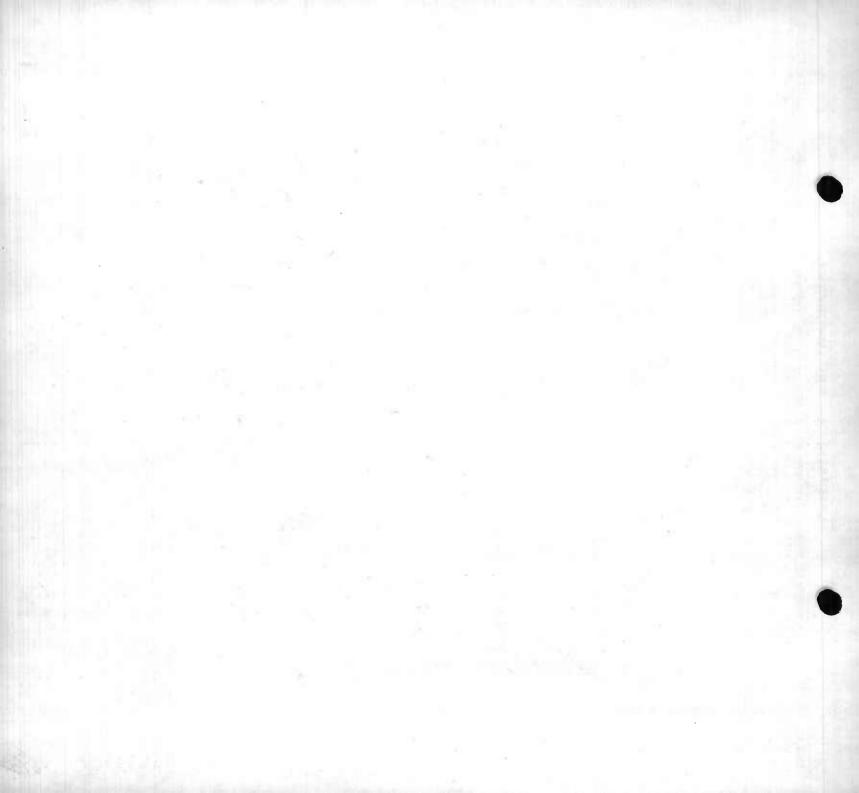
	AME OF DECE				2. DAT	E AND HOUR OF DEATH	
Тур	e or Print)	Purcel	1 - E	dward	5.	30 am 10-	30-1967
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND				A. STATE B. C	(Where deceased fived, If COUNTY	institution: residence before adm
- 1-	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or location	or institution,	give street			RURAL and give township)
	10 Ma	ryland gene	eval 140	sp, tal	D. STREET ADDRESS	(If rurol, give location)  **Berry 37	- 400
4	78						
5, \$	mule	white	WIDOWED	NEVER MARRIED  O, DIVORCED (specify)  IVORCED		90 9. AGE (In years lost birthday)	Months Doys Hours
			108, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
3000	Retired	orking life, even if retired)			WASHI	NGTON	USA
13.	FATHER'S NAM				14. MOTHER'S MAIDEN		
		ver in U. S. Armed For If yes, give wor or dote		SECURITY NO.	Jack N. Trib 109 N. Rock	oby Glen Rd	ADDRESS
	18.	Y			OF DEATH		INTERVAL BETWEE
	injury or comp	I mean the mode af sthenia, etc. II means lication which caused NTECEDENT CAUSES	the disease, death.)	DUE TO	teriose le	til eardio	vaseular dise
IFICATION	INJURY OF COMP  AI  DISEASES OR  FISE IG THE  UNDERLYING  OTHER SIGNIFI  TO THE DE.  DISEASE OR C	sthenia, etc. It means lication which caused	the disease, death.)  ony, giving stating the CONTRIBUTING TO TH. T. DITTON FOR V	(C) <u>du</u>	ale Tes meli'i	or Nol 208. IF YES, WERE	rescular disc
CERTIFICATION	DISEASES OR rise In the UNDERLYING  OTHER SIGNIFITO THE DE. DISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT	sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	the disease, death.)  ony, giving stating the CONTRIBUTING TO TH. T.  DITION FOR V. FORMED	G E WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED
CAL CERTIFICATION	DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DE. DISEASE OR CONTRIBUTOR CONTRIB	sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.  II CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING I OPERATION 198. CON WAS PERI	the disease, death.)  ony, giving stating the CONTRIBUTING TO TH. T.  DITION FOR V. FORMED	G E  WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, e.,	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
ICAL CERTIFICATI	DISEASES OR rise la lhe UNDERLYING  OTHER SIGNIFI TO THE DE. DISEASE OR C  19A. DATE OF C  21A. ACCIDENT OR CONTRIBUT DEATH (notify r	sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.  II CANT CONDITIONS CATH BUT NOT RELATED TO CAUSING ONDITION CAUSING OPERATION 198. CON WAS PERITING CAUSE OF	the disease, death.)  ony, giving stating the CONTRIBUTIN' TO THE TO THE TO THE CONTRIBUTION FOR MED  218, hometc.:  (Hour) 21E.	GE WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, e., form)  INJURY OCCURRED  INJURY OCCURRED  Not Wh	20A. AUTOPSY? (Yes in or obout 21C. WHERE D office bldg., INJURY OCCU	or No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DE. DISEASE OF CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR TO THE UNDEATH (notify roll).	sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	the disease, death.)  ony, giving stating the CONTRIBUTING TO TH. T.,  DITION FOR V. FORMED  218. hometc  (Hour) 21E. Wh. Wo	C)	in or obout 21C. WHERE Doffice bldg., INJURY OCCU	or No) 20B. IF YES, WERE IN CERTIFYING C. IID (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? Te City, give exact locotion)
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MEDICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DE. DISEASE OR C. DISEASE OR C	sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	the disease, death.)  ony, giving stating the CONTRIBUTINITY TO THE TO THE TO THE CONTRIBUTION FOR WED  (Hour) 21E, Why wo ottended the dolive on	C)	20A. AUTOPSY? (Yes in or obout 21C. WHERE D office bldg., INJURY OCCU	or No. 208. IF YES, WERE IN CERTIFYING C. 11D (If in Boltimo IR?)  DINJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  19 4
MEDICAL CERTIFICATI	DISEASES OR rise In the UNDERLYING  OTHER SIGNIFITO THE DE. DISEASE OR CO. 19A. DATE OF CONTRIBUT DEATH (notify r. 21D. TIME OF INJURY (APPROX.)  22. I certify the thot (I) (we) I	sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	the disease, death.)  ony, giving stating the CONTRIBUTINITY TO THE TO THE TO THE CONTRIBUTION FOR WED  (Hour) 21E, Why wo ottended the dolive on	PLACE OF INJURY (e.g., e, form, loctory, street, like A1 Not What At Work he deceased from	20A. AUTOPSY? (Yes in or obout 21C. WHERE D office bldg., INJURY OCCU 21F. HOW DIE ile	or Not 20B. IF YES, WERE IN CERTIFYING C.  OID (If in Boltimo R?)  DINJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  19 4  238, DATE SIGNED
MEDICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DE. DISEASE OR C. DISEASE OR C	sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	the disease, death.)  ony, giving stating the CONTRIBUTING TO THIS.  CONTRIBUTION FOR VECTOR (Hour)  218. hometic.  (Hour)  218. why  ottended to dead olive on	WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, form, foctory, form, foctory, street, form, foctory, form, foc	20A. AUTOPSY? (Yes in or obout 21C. WHERE D office bldg., INJURY OCCU 21F. HOW DIE   19.6.7 or view the body ofter de tending Med. Director [ 23D. ADDRESS	or No) 20B. IF YES, WERE IN CERTIFYING C.  III (If in Boltimo C.)  III (If in Boltimo C.)	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  10 20 19 20 19 20 238, DATE SIGNED  10 - 30 - 6
MEDICAL CERTIFICATI	DISEASES OR rise In the UNDERLYING  OTHER SIGNIFITO THE DE. DISEASE OR CO.  19A. DATE OF CO.  21A. ACCIDENTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR (APPROX.)  22D. TIME OF INJURY (APPROX.)  22, I certify the thot (I) (we) I and hour and conduction of the conduction	sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	the disease, death.)  ony, giving stating the CONTRIBUTION FOR VITED TO THIS.  CONTRIBUTION FOR VITED TO THE CONTRIBUTION FOR	C)	20A. AUTOPSY? (Yes in or obout 21C. WHERE D office bldg., INJURY OCCU 21F. HOW DIE  19 6 7 or view the body ofter de  lending Med. pirecker [ 22D. ADDRESS	or No! 20B. IF YES, WERE IN CERTIFYING C.  III (If in Boltimo R?)  DINJURY OCCUR?  1967 to	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  10 20 19 20 19 20 238, DATE SIGNED  10 - 30 - 6
MEDICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING  OTHER SIGNIFITO THE DE. DISEASE OR C. DISEASE OR C	SIhenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.  II CANT CONDITION ST.  CANT CONDITION CAUSING I OPERATION TO RELA ONDITION CAUSING I OPERATION TO CAUSE OF medical examiner)  (Month) (Doy) (Year)  (Month) (Doy) (Year)  (Month) (Doy) (Year)  (Month) (Doy) (Year)  (Month) (Doy) (Year)	the disease, death.)  ony, giving stating the CONTRIBUTION FOR VITED TO THIS.  CONTRIBUTION FOR VITED TO THE CONTRIBUTION FOR	C)	in or obout 21C. WHERE D office bldg, INJURY OCCU 21F. HOW DIE ile	or No! 20B. IF YES, WERE IN CERTIFYING C.  III (If in Boltimo R?)  DINJURY OCCUR?  1967 to	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  10 20 19 19 19 19 19 19 19 19 19 19 19 19 19

WASHINGTON

C-435	BALTIMORE CIT	Y HEALTH DEPARTMENT		67	10408
BIRTH NO. 67 10	108 CERTIFICA	TE OF DEATH	Registered No	01	10400
A.E. CASE NO.  NAME OF DECEASED  Type or Print CLAYTON - BERN		2. DATE AN	D HOUR OF DEATH		F-0
PLACE OF DEATH IN BALTIMORE MARYLAND	.,,,,,,,	10 3			3-350
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	A. STATE B. COUN MARYLAN  C. CITY OR TOWN (IF OU	TY			
LUTHERAN HOSPITAL (	OF MARYLAND	BALTIMORY	E. MARYI	LAND	28-0
		4627 OLD	FREDERI	The same of the sa	
	WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthdoy) 80 years	If Under 1 Months Do	ys Hours Min.
100. USUAL OCCUPATION (Give kind of work 108, KINE done during most of working lift, even if retired)  HOUSEWITE	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life even if retired)				OF COUNTRY? S . P
HENRY WILKER	2	14. MOTHER'S MAIDEN NA	ME		
S. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown! (If yes, give wor or dotes of servi	SECURITY NO.	WILLIAM T. )	ixon Jr.	old	Frederia
18. 442 XI	CAUSE	DE DEATH		INT	ERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			SEI AND DEATH
(This does not mean the mode of dying,	e.g., fA) DUE TO	ASHCVD.			
heart failure, asthenia, etc. It means the diserinjury or complication which coused death.)	ase,				
ANTECEDENT CAUSES	(B) C	EREBRO VOSCU	LAR Decide	ent	
	DUE TO	000 0 v 0 v 0 0 0 0 0 m √ m 0 0 0 0 0 m m 0 m 0 m 0	# ¥ # # # # # # # # # # # # # # # # # #		
DISEASES OR CONDITIONS, if ony, givenise to the obove cause (A) stating					
UNDERLYING CONDITION last.			* ************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CO	NSIDERED TH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY fe.g., home, form, loctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give e:	xoct location!
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Whi Work At Work	21 F. HOW DID INJ	URY OCCUR?		٠
22. I certify that (1) (this hospital) attended		0 - 28	1962 10 10		1967
that (I) (we) lost sow the deceased alive	on 10-31	19.67 ond th	ot in (my) (our) opla	ion death a	occurred on the de
and hour and from the causes stated above					
23A. SIGNATURE		anding the AA —	Shalf -	23B, DATE S	alle a -
V. Prisconatt Pula	M.D. Att	ending Med. Director	Stolf Phys.	10/31	101
23C. PHYSICIAN'S NAME (Type) V. BISWAYAT	I PILLA! M.D.	23 D. ADDRESS			C-
AA. BURIAL CREMATION, 248. DATE 240	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	y, town, or co	ounty) (Stote)
SA. DATE REC'D BY HEALTH DEPT 25B. NAM	Allemane	25C. FUNERAL DIRECTOR	Callin	nore	ADDRESS
1507 1 1307 UCLUB 2	, Vandey For	Wigher, D-	41016 din	unda	on lo



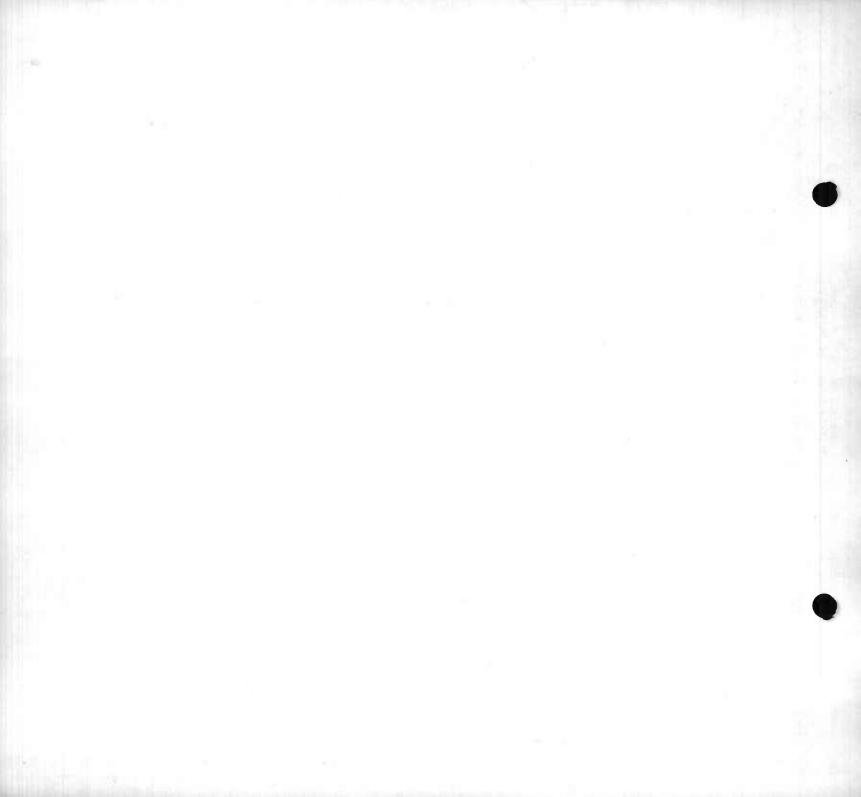
15-650	BALTIMORE CITY	HEALTH DEPARTMENT	67 10409
BIRTH NO. 67 1	0409 CERTIFICA	TE OF DEATH Registered No	
M.E. CASE NO.  1. NAME OF OECEASEO		2. DATE AND HOUR OF CEAT	<b>u</b>
(Type or Print) MARIE A	- BROWN	10/30/6	9:25 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where decoded lived, If	institution: residence before odmission
FULL NAME OF (If not in hospital ar inst	itution, give street	Maryland	
HOSPITAL OR oddress or location)	, give since,		RURAL and give township)
INSTITUTION MERCY	HOSP.	Baltimore	28-04
27 301 57	PAUL PLACE	D. STREET A OORESS (If rurol, give bocotion)	1
3/ 301 31.	702 71110	616 Cooks Lane,	Apt. 101
5. SEX   6. RACE   7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	Months: Ooys Hours Min.
- Caucasian	Married (specify)	7-9-9 7 10st birthdoy	Months Ooys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B. )	IND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stole or foreigh Country)	12. CITIZEN OF
done daring most of working lile, even if retired)		Bottonia Cot.	WHAT COUNTRY?
13. FATHERS NAME		14 MOTHER'S MOTHER NAME	1413.17.
De of , No	ndricks	MOTHER'S MAIDEN NAME	1
I millip /1		Lydes Ells	work
5. Was Occosed Ever in U.S. Armed Foices? Yes, no oi unknown) (If yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INEGRMAN	ADDRESS
, , , ,	JECONIII IIO.	Charles 1	- 21229
18. / 2 0 / 1 3 / 0 )	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL		0	ONSET AND DEATH
LEADING TO DEATH		ordear Unest	seronds
(This does not mean the made of dying	g, e.g., OUE TO		
heart failure, asthenia, etc. It means the a	iseose,	40	1. 0
	(8) Elei	de Coronary / tuon	Masis Tus
ANTECEDENT CAUSES	OUE TO		
DISEASES OR CONDITIONS, if any,		The South House G	reces tres
rise to the obove cause (A) slotin	ig the (C) CUCC	momente 11 2	
OTHER SIGNIFICANT CONDITIONS CONTR	IRLITING &	1 2014	
TO THE DEATH BUT NOT RELATED		tes mellitus	wes.
OISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION		E FINDINGS CONSIDERED
WAS PERFORM	ED WHICH OFERATION	IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTERNAL	or should where DID	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	fice bldg., NJURY OCCUR?	ore City, give exact location)
BEATH (notify medical exaginer)	etc.)		
OF INJURY (Month) (Doy) (Yeor) (Ho	a) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
₹ (APPROX)	While At Not While		
	Work At Work		120 1-
22. I coulify that (1) Ithis hospital) atte	inded the deceased fram	10/10 196/10	10720 196
that (1) (we) last saw the deceased ali	ve an 10/3	0/ 19 67 and that (my) lour) of	pinion death accurred an the d
and hour and from the causes stated at			
23A. SIGNATURE	(1)	riew the body utter deutil.	238, OATE SIANED
Mr f	AND AND	ending Med. Stoff	10/00/11-
Jean Mill	phy Phy	s. Director Phys.	10/30/6/
28C. HYSICIAN'S NAME (Type)		23 O. ADDRESS	
/ I was to specify	M.D.	Merry Hors	rital
ZAA. BURIAL CREMATION, 248. DATE	24C, NAME of CEMETERY of CR	MAIDRY 24D LOCATION	City, town, or county (Stote)
REMOVAL (Specify)	B of	Land I I had	7. 1
Durial 11-2-61	Dallimore	National Delle	more I, Mili
25A. DATE RECED BY HEALTH DEPT 258.	NAME OF REGISTRAN	25C. UNERAL DIRECTOR	AODRESS
MAN T 1201 (PROPER	C' MUNDENINA	alite 1:11-4/01/	Ama Same
		The state of the	with the



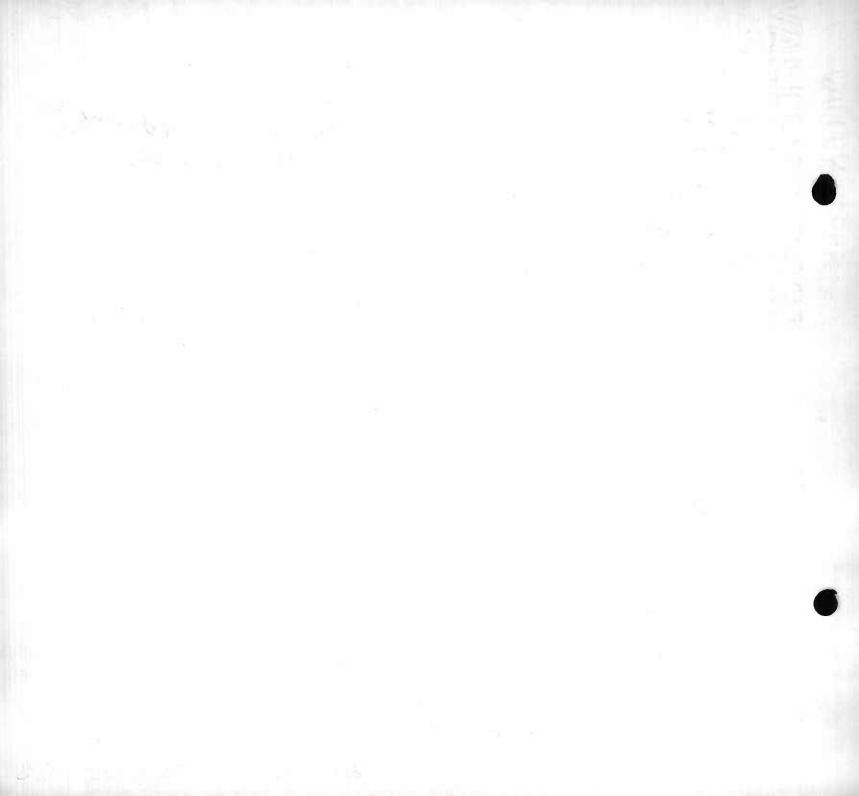
67 1	U43.1U	Y HEALTH DEPARTMENT  ATE OF DEATH  Register	red No. 67 104
M.E. CASE NO.	CERTITICA	2. DATE AND HOUR OF	DEATH
Type or Print)			
Marvin Mille		October 20.	
		A. STATE B. COUNTY	
FULL NAME OF (If net in hespitel er ins HOSPITAL OR address er lecation)	titution, give street	Maryland C. CITY OR TOWN (If eutside city limit	to unite DIABAT and sine towards at
INSTITUTION		C. CITE OR TOWN (If ediside city limit	s, write RURAL and give tewnship)
2005 Oak Drive		Baltimore D. STREET ADDRESS (If rurel, give lec	etien)
) O Loop dan Brito			
SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yo	ears   If Under 1 Yr., If Under 24
W	IDOWED, DIVORCED (specify)	fast birthday)	Months Days Heurs Mir
Male White	Widowed	August 5, 1890 77	12. CITIZEN OF
ne during mest of werking life, even il retired)	NIND OF BOSINESS OR INDOSIN	The six in Exce (since of loreign cooliny)	WHAT COUNTRY?
Mechanic		Baltimore	USA
FATHERS NAME		14. MOTHERS MAIDEN NAME	
** 1		The land	
Unknown Was Deceased Ever in U. S. Armed Ferces?	1 6. SOCIAL	Unknown 17. Informant	ADDRESS
es, no arunknawn) (ff yes, give war ar dates of s			
No	213-09-6160	Ruth Baer - Same	
18.750,01	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y	) / - / //	
LEADING TO DEATH	q, e.q., DUE TO	inform, lee / Cl	7
(This does not mean the mode of dyin heart failure, astheria, etc. It means the		126	1. 0
injury or complication which caused death	1//	e de la Cara de la Cara	See See of rename
ANTECEDENT CAUSES	(B)	equin so ?	
DISEASES OR CONDITIONS, if ony,		The Constant Color	
rise to the obove couse (A) statis	ng lhe (C)		
OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
2 19A. DATE OF OPERATION 19B. CONDITIO	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes er Ne) 20B. IF YES	WERE FINDINGS CONSIDERED
WAS PERFORM	ED	IN CERTIFY	ING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in er ebeut 21 C. WHERE DID (If in office bldg., INJURY OCCUR?	Beltimere City, give exect lecation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	heme, ferm, tectery, street, etc.)	office bidg., INJURY OCCUR?	
	ur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
21D. TIME (Month) (Doy) (Year) (Ho OF INJURY	While At Net Wh		
(APPROX.)	Werk At Werk		
22. I certify that (1) (this hospital) atta	ended the deceased from	fune 1901 to	() et 20 19 G
that (I) (we) lost sow the deceased ali	(1) 710	19 67 and that in (my) (	our) opinion death occurred on the
	0	/	out opinion death accorded on the
ond hour ond from the causes stated o	bove. (1) (We) (did) (did nbt)	view the body after death.	
23A. SIGNATURE	1 BC 5000	AA-d Staff	23B, DATE SIGNED
Wa Glicy 1	OF TO MID. A	ttending Med. Steff Phys. Director Phys.	10727-67
23C.PHYSICIAM'S NAME (Type)	-	23D. ADDRESS	11 50
The state of the s	M.D	4509 TIMEN.	levelele (?
4A. BURIAL CREMATION, 24B. DATE	24C. NAME el CEMETERY es C	REMATORY 24D. LOCATION	/City, tewn, or ceunty) (Stet
REMOVAL (Specify)		7 200 200 1014	( / comp
Burial 10-23-67	Lorraine Cemete	ery Baltimore	
5A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NHV 1 1967 ()	D R. U . E. D. H.	LILISWOT UN ATMACOST	4600 Liberty Hgts Av

VS 150-REV. 1/1/65

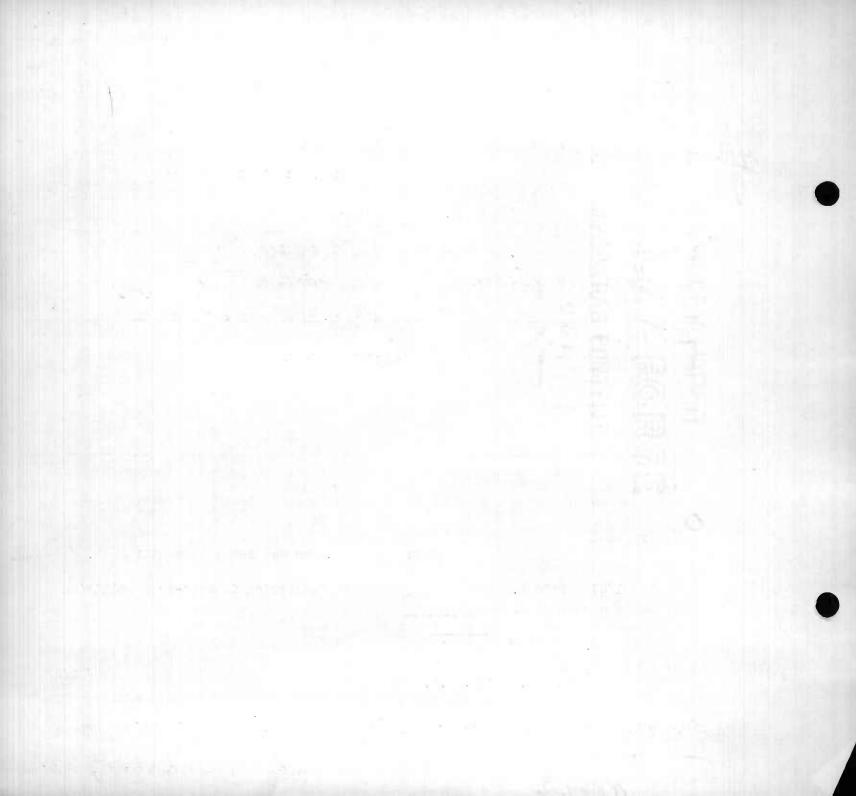
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	CT 1014	BALTIMORE CITY	HEALTH DEPARTMEN	T	67 10411
BIRTH NO.	67 1041	CERTIFICA	TE OF DEATH	Registered No.	
M.E. CASE NO.					
Typo or Print)	P	( . 1.	1 1 " 2. DAT	AND HOUR OF DEATH	
	1)05AR1a	GARIDAL	-d/	10-27-61	
B. PLACE OF DEATH IN	BALTIMORE, MARYLAND		A. STATE B. C	Whore deceased lived, If i OUNTY	institution: residence before admission
*****			QA I		
	(If not in hospital or institution, oddress or location)	give street	Orld		
INSTITUTION			C. CITY OR TOWN	If outside city limits, with	76 ///
10	0		DALTIM	sre o	88-4/11
11 7,	The Pines.	DI	D. STREET ADDRESS	(It rurol, give location)	A
Mouse in	The TINES	- Kiczvedere	3611 N	NoGERS	41.10
SEX 6. RAC	F 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr.
4 ; ;		D, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
remale (1	shite Wide	wed	7-19,1876	91	
DA. USUAL OCCUPATIO	N (Give kind of work 108, KIND O	BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF
one during most of working	ife, even if retired)		- 1		WHAT COUNTRY?
AT Home			LTALU		+/ALU
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	7
-	1 1		,		
SIED	hen Ambur	90			
5. Was Docoosad Ever in	U. S. Armod Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
763	g	JECOKIII NO.	A.List		. h. D 1.
			TWIONIO FC	RRARA - 361	IV ROGERS HVE
1B. 174 X		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR	CONDITION DIRECTLY		3 1	. /	ONSEL AND DEATH
LEADI	NG TO DEATH	100 /1	La Cura.	money and	. 9 m
(This does not med	on the made of dying, e.g.,	DUE TO	ouns - cura	morron	
	a, etc. II meons the disease,		Wene	1	
injury or camplication	m which caused death.)	1	1 + ++·	P.	P = 6 m ==
ANTEC	EDENT CAUSES	(B)	ruasialie (	Jarcinonia (	They De live
DISEASES OR CO	NDITIONS, if ony, giving	001.10	A 00	A. 11 ~	
rise to the above	ve cause (A) slating the	(C) (e)	leni Sele	whi Heart	3 927.
UNDERLYING CON	DITION fast.		V	Deray -	
	11				
OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	GRI	. // 1	. 0 1	
E TO THE DEATH	BUT NOT RELATED TO TH		ged arlen	o selevor	47
	TION CAUSING IT.	WHICH OPERATION	20A. AUTOPSY? (Yes	Noll 208 Is ver wires	EINDINGS CONSIDERED
19A. DATE OF OPERA	WAS PERFORMED	WHICH OFEKATION	ZUM. AUTOPST? (188		FINDINGS CONSIDERED AUSES OF DEATH?
= /Your			No		
U 21A. ACCIDENT WA	S UNDERLYING 218	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DI	D (If in Boltimo	re City, give exoct location)
OR CONTRIBUTING		ne, torm, foctory, street, o	mice biag., INJURT OCCU	K:	
O .					
OE INTITION		. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX)	W	ile At Not Whit			
17111107107	Wo	ak L Al Work			1
22, I certify that (	) (thi <del>e has pital</del> ) attended t	he deceased from	4/12	19/a/ to 10	129/1 19/
that (1) (mak last s	aw the deceased alive an	10/50/00	10	ما ماسم اسلام المساحة	inian death accurred on the do
		10/00/6	/		illian death accorred an the do
and haur and fram	the causes stated above. (	l) ( <del>\{e})</del> ( <del>d(d)</del> (d(d <sup>e</sup> nat) \	view the body after dec	oth.	
23A. SIGNATURE					238. DATE SIGNED
-G. //	RRI	M.D. Atte	ending Med.	Stoff -	11/40/60
Chil:	t. Mumbe			☐ Phy s. ☐	10/10/6
23C. PHYSICIAN'S NAME (Type)		4	23D. ADDRESS	1 4 1	2/1/
E.	11 1/2	M.D.	4608.11	T. AL 1/2	million h.
1 Lar	LI UNIOM	pers	- ou pun	17/100	me one
REMOVAL (Specify)	N, 248, DATE 24C. N	AME of CEMETERY OF CR	EMATORY 24	D. LOCATION (C	City, town, or county) (Stote)
0 . 1	11-2-17 11.	1RI	0/1/10	and In	1- M
DURIAL	11-1-61 171	I II I DONNER WA	A C. I LO L'A	TIMA	W /// //
	NITH DEBT	Ly reverie		THIN I JUILON	1110
SA. DATE REC'D BY HE	ALTH DEPT. 25B. NAME	OF REGISTRAR	2SC. FUNERAL DIREC	ctor	ADDRESS
SA. DATE REC'D BY HE	4	of registrar	2SC. FUNERAL DIREC	ARMACAT-	Hanly best Hobt
NOV 'S 150-REV. 1/1/65	ALTH DEPT. 25B. NAME OF	E Falleyma	Ellsworth	ARMACOST-	Hooliberty Hoht



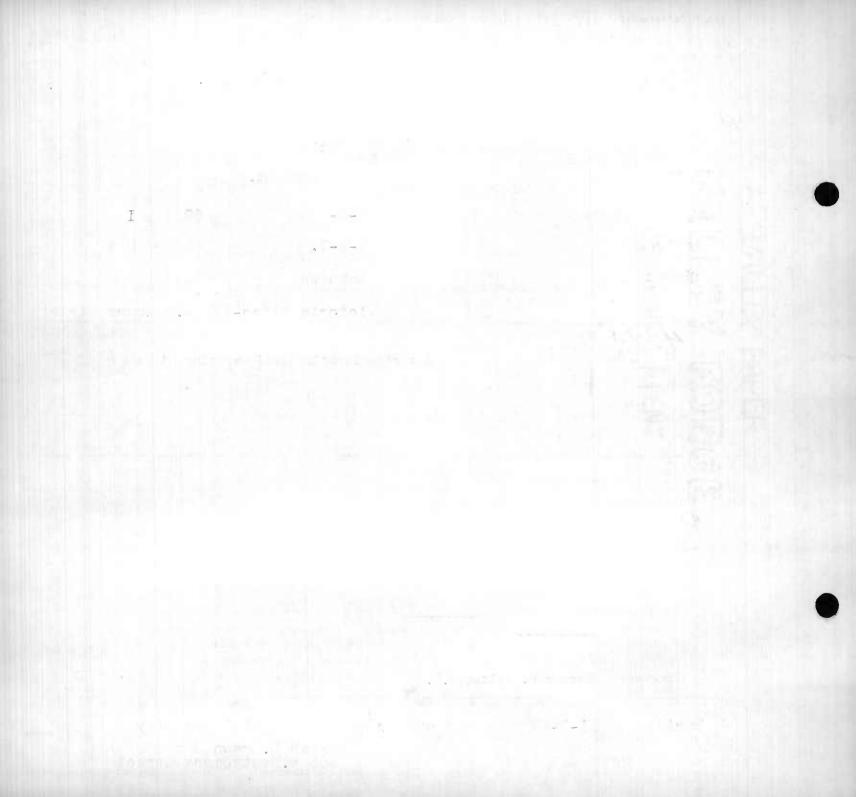
VS 151-REV, 1/1/65



1111-00 45 - when sold o Married Street may

## 67 10414 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10414

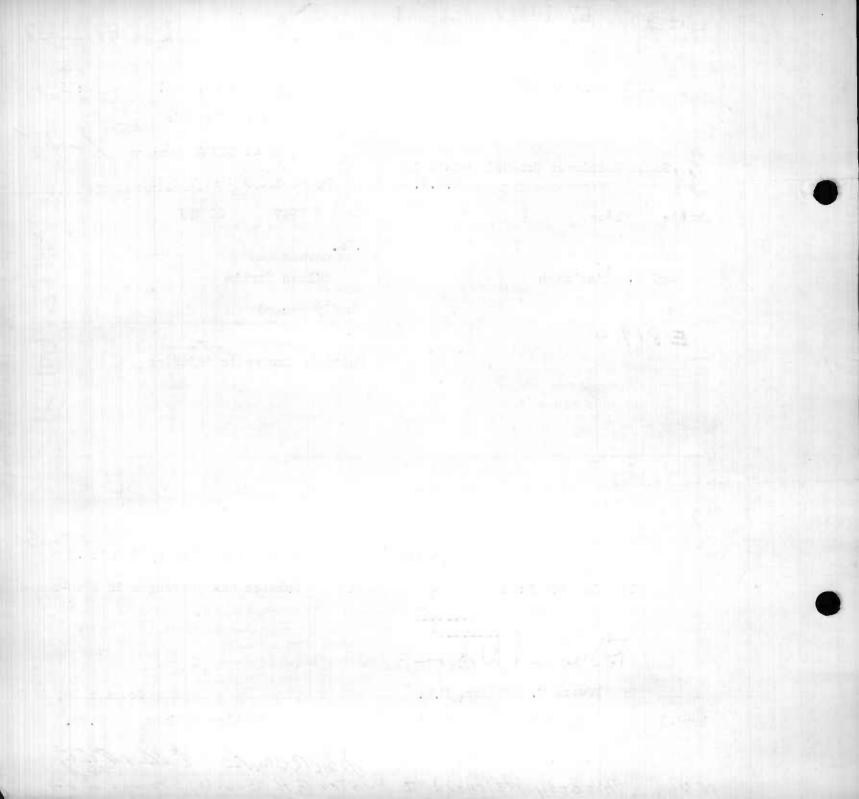
M.E. CASE NO.	ICAL EXAMINATION C	EKINICATE OF DEATH				
1. NAME OF DECEASED		2, DATE AND HOUR PRONOUNCED DEAD				
CHARLES	WALKER	October 30, 1967 5:05 P. M.				
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE  B. COUNTY				
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION		Maryland C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)				
921 Bevan Street		Baltimore D. STREET ADDRESS (If rural, give locotion)				
		921 Bevan St.				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs   Months, Doys, Hours, Min.				
Male Negro  10A. USUAL OCCUPATION (Give kind of wor	W OR KIND OF BUSINESS OF INDUSTR	7-4-1898 YII. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
done during most of working life, even if retired)  Retired	THE MIND OF BUSINESS ON INDUSTR	B-W-I. USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Uninown		Unknown				
15. WAS DECEASED EVER IN U.S. ARMEE		17. INFORMANT ADDRESS				
		Victoria Allen-I57 W. Hamburg Street				
18. // 2 2 / .	CAUSI	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. CONDITIONS  19A. DATE OF OPERATION 19B. CONDITIONS	CONTRIBUTING LATED TO THE 3 IT. IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
O WAS PER		NO IN CERTIFYING CAUSES OF DEATH?				
Q 21A, EXTERNAL CAUSE WAS OUNDERLYING □ OR CONTRIB-UTING □ CAUSE OF DEATH.	21 B. PLACE OF INJURY (e.g., hame, fam, factory, street, etc.)	in or about 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?				
21D TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	WHILE AT NOT AT WORK	21F. HOW DID INJURY OCCUR?				
22. I certify that I held on I	nguiry Inspection X Au	topsy ond that on this basis, death In my opinion				
resulted from Natural co		Homlcide Undetermined manner				
ACTUAL SIGNATURE	h. 825 (-M.D	CHIEF MEDICAL EXAMINER DATE SIGNED				
EXAMINER'S Werner	U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 10/31/67				
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)				
Burial II-3-6						
24A. DATE REC'D BY HEALTH DEPT.	7 Release E. Farbey M	24C. FUNERAL DIRECTOR ADDRESS				
VS 151-REV. 1/1/65	I ULLEN CI TURE	100 M. Mondegomer A Deree c				



FUNERAL DIRECTOR: IMPORTANT

NAME	OF DECI	George De		5 CERTIFICA	2. DAT	E AND HOUR OF DEAT	
		TH IN BALTIMORE, MA		202	TA HEHAL BESIDENCE	Oct. 29, 1967	7 8:40 I
FULL	NAME O	F (If not in hospital	or institution,	give street	A. STATE B. C	OUNTY	institution: residence before damassi
HOSPITAL OR oddress or locotion) INSTITUTION US Public Health Service Hospital					C. CITY OR TOWN		e RURAL and give township)
		man Pk. Drive		T (a).	D. STREET ADDRESS	(If rurol, give locotion) Street SE	7 6
. SEX	M	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months; Doys Hours; Min.
		W	Lion Ville Of	Wid.	9/30/98	69	
one durin	ng most of v	vorking life, even if refired)  Carpenter	KIOB, KIND OF	BUSINESS OR INDUSTRY	W.Va.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATH	Samj	pson Taylor			Nancy Hi		
5. Was les, no or	r unkno wa)	Ever in U. S. Armed For (If yes, give wor or dote	rces? es of service)	16. SOCIAL SECURITY NO. 579-01-2249	17. INFORMANT Records—	US PHS Hospi	tal, Balto, Md.
1B.	162	2./		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
1 '		E OR CONDITION DI	RECTLY		monohomenie		
(This			dying, e.g.,	(A).	Bronchogenic carcinoma		Unknown
(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)						e rms	
		ANTECEDENT CAUSES		(B)			
rise	la the	R CONDITIONS, if abave couse (A) CONDITION last.		DUE TO			
rise	1a the DERLYING TER SIGNIF THE DE	abave couse (A) CONDITION last.  II FICANT CONDITIONS CEATH BUT NOT RELA	stating the	(C)	arge, chronic	, duodenal	Unknown
OTH TO DISE	Ia The DERLYING HER SIGNIF THE DE EASE OR (	abave couse (A) CONDITION last.  II FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING	Stating the	(C)	arge, chronic		Unknown  E FINDINGS CONSIDERED AUSES OF DEATH?
OTH TO DISE 19A. I	IG THE DE EASE OF CONTRIBU	abave couse (A) CONDITION last.  FICANT CONDITIONS CONTROL CONDITION CAUSING OPERATION 19B. CON	ONTRIBUTING ATED TO TH IT. IDITION FOR V	C)  WHICH OPERATION  PLACE OF INJURY(e.g., in e., form, foctory, street, of	20 A. AUTOPSY? (Yes of Yes)	Or No) 20B. IF YES, WER IN CERTIFYING C	
rise UNIC OTH TO DISE 19A.1 21A. OR C DEAT	IG THE DE EASE OF CONTRIBU	GONDITION Iasi.  II  FICANT CONDITIONS CONDITIONS CONDITION CAUSING  OPERATION 198. CONWAS PER  IT WAS UNDERLYING TING CAUSE OF	CONTRIBUTING ATED TO TH IT. IDITION FOR V FORMED  21B. hom etc. (Hour) 21E.	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred	or obout 21 C. WHERE DI INJURY OCCU	Or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
rise UNIC OTH TO DISE 19A.1 21A. OR C DEA1	HER SIGNIFE THE DE EASE OR OF CONTRIBUTH (notify NURY PROX.)	abave couse (A) CONDITION last.  FICANT CONDITIONS CONDITIONS CONDITION CAUSING OPERATION 19B. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)	CONTRIBUTING ATED TO THIT. IDITION FOR V FORMED  218, hometc. (Hour) 21E, Whiy	CC)  WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred in the control of	or obout 21 C. WHERE DI INJURY OCCU	OF NO. 20B. IF YES, WER IN CERTIFYING C YES  D (If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacohon)
or ise UNIC OTH TO DISE 19A. 1 21A. OF IF (APP) 22. I	HER SIGNIF THE DEE EASE OR OF CONTRIBUTH (notify NJURY PROX.)	abave couse (A) CONDITION last.  FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 19B. CONWAS PER  IT WAS UNDERLYING TING CAUSE OF medical examiner)	CONTRIBUTING ATED TO TH IT. IDITION FOR V FORMED  218, hom etc.) (Hour) 21E, Whi Wor	VHICH OPERATION  PLACE OF INJURY (e.g., in e, form, foctory, street, of INJURY OCCURRED At Work has deceased from	20A. AUTOPSY? (Yes of yes of yes of obout 21C. WHERE DI INJURY OCCU	OF NO. 20B. IF YES, WER IN CERTIFYING C YES  OF NO. 11 CERTIFYING C YES  OF NO. 120B. IF YES, WER IN CERTIFYING C YES  INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)
OTH TO DISE 19A. I OF IF I OF IF I OF IF I OF I OF I I OF	HER SIGNIE THE DE EASE OR DATE OF  ACCIDEN CONTRIBUTH (notify) PROX.)  I certify ((we)	abave couse (A) CONDITION last.  FICANT CONDITIONS CAUSING CONDITION CAUSING OPERATION 19B. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (Y) (this haspital	CONTRIBUTING ATED TO TH IT. IDITION FOR V FORMED  (Hour) 21E. Whi Worl  attended the	PLACE OF INJURY (e.g., in e, form, foctory, street, of the last of	or obout 21C. WHERE DI injury OCCU 21F. HOW DID Oct. 17	D (If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)
or ise UNIC OTH TO DISE 19A. I	HER SIGNIE THE DE EASE OR DATE OF  ACCIDEN CONTRIBUTH (notify) PROX.)  I certify ((we)	abave couse (A) CONDITION last.  FICANT CONDITIONS CATH BUT NOT RELACED TO THE CONDITION CAUSING OPERATION 198. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medical examiner)  (Month) (Day) (Year)  that (A) (this haspital last saw the decease	CONTRIBUTING ATED TO TH IT. IDITION FOR V FORMED  (Hour) 21E. Whi Worl  attended the	VHICH OPERATION  PLACE OF INJURY (e.g., in e, form, foctory, street, of INJURY OCCURRED At Work has deceased from	or obout 21C. WHERE DI injury OCCU 21F. HOW DID Oct. 17	D (If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacation)
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or hise UNIC OTH TO DISE 19A. I STATE OF ITE (APP) 22. I that and 23A.	ACCIDEN CONTRIBUTH (notify (We)) haur and	abave couse (A) CONDITION last.  FICANT CONDITIONS CONDITIONS CONDITION CAUSING OPERATION 19B. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (1) (this haspital last saw the decease of fram the causes stars.	CONTRIBUTING ATED TO TH IT. IDITION FOR V FORMED  (Hour) 21E. Whi Worl  attended the	PLACE OF INJURY (e.g., in e, form, foctory, street, of injury occurred to the control of the con	20A. AUTOPSY? (Yes or yes or obout 21C. WHERE DI ince bldg., INJURY OCCU 21F. HOW DID Oct. 17 19.67 an iew the bady after decording Med.	D (If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  Oct. 29 19 67  pinian death accurred an the d
rise UNIC OTH TO DISE 19A. 1 21A. OR CO DEAT OF IF (APP) 22. I that and 23A.	ACCIDENT CONTRIBUTH (notify PROX.)  I certify (we) haur and SIGNATU	abave couse (A) CONDITION last.  FICANT CONDITIONS CAUSING CONDITION CAUSING OPERATION 19B. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medical examines)  (Month) (Day) (Year)  that (1) (this haspital last saw the decease from the causes sta	CONTRIBUTING ATED TO TH IT. IDITION FOR V FORMED  (Hour) 21E. Whi Worl  (I) attended the dalive an ted abave. (I)	PLACE OF INJURY (e.g., in e., form, foctory, street, of the At At Work and deceased from the At Work and	20A. AUTOPSY? (Yes or yes) or obout 21C. WHERE DI ice bldg., INJURY OCCU 21F. HOW DID Oct. 17 19. 67 an iew the bady after deconding Med. Director [ 3D. ADDRESS	Or No.) 20B. IF YES, WER IN CERTIFYING COYES  OF CONTROL OF COUR?  INJURY OCCUR?  19 67 ta (aur) a lith.	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  Oct. 29 19 67  pinian death accurred an the control of
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TISE UNIT OTH TOTAL TOTA	ACCIDEN CONTRIBUTH (notify (We) haur and SIGNATU	abave couse (A) CONDITION last.  FICANT CONDITIONS CAUSING CONDITION CAUSING OPERATION 19B. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medical examiner)  (Month) (Day) (Year)  that (1) (this haspital last saw the decease from the causes sta  RE  MATION, 24B. DATE pecify), 24B. DATE	CONTRIBUTING CONTR	PLACE OF INJURY (e.g., in e., form, foctory, street, of the At Work At Work At Work (We) (did) (did/noy) v  M.D. Atternation (R) M.D. A	20A. AUTOPSY? (Yes or yes or obout 21C. WHERE DI ince bidg., INJURY OCCU 21F. HOW DID 21F. HOW DID 30. ADDRESS US PHS HOSP MATORY 24	INJURY OCCUR?  19 67 to d that in (n/y) (aur) auth.  Stoff X  LOCATION (	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  Oct. 29 19 67  pinian death accurred an the company of
TISE UNIT OTH TOTAL TOTA	In the DERLYING THE DERLYING THE DEEASE OR CONTRIBUTH (Manual Property of the Control of the Con	abave couse (A) CONDITION last.  FICANT CONDITIONS CAUSING CONDITION CAUSING OPERATION 19B. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (1) (this haspital last saw the decease fram the causes sta  RE  MS (Ppe) H. Greidinge:	CONTRIBUTING ATED TO TH IT. IDITION FOR V FORMED    218, hom etc.]   (Hour) 21E, Whi Wor	PLACE OF INJURY (e.g., in e., form, foctory, street, of the At Work At Work At Work (Me) (did/noy) v  M.D. Atterphysical Attention (R)  M.D. Atterphysical (R)  M.D. Atterphys	20A. AUTOPSY? (Yes or yes) or obout 21C. WHERE DI ice bidg., INJURY OCCU  21F. HOW DID  21F. HOW DID  21F. HOW DID  30 ADDRESS  US PHS HOSP  MATORY  24	INJURY OCCUR?  19 67 to (d that in (n/y) (aur) alth.  Stoff X Phys.X  D. LOCATION (Waldorf, Mar)	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)  Oct. 29 19 61  pinian death accurred an the  23B. DATE SIGNED 10/30/67  Md.  City, town, or county) (Sta

je u ogranicam, sereva . 8.9 . \_\_. 



VS 150-REV, 1/1/65

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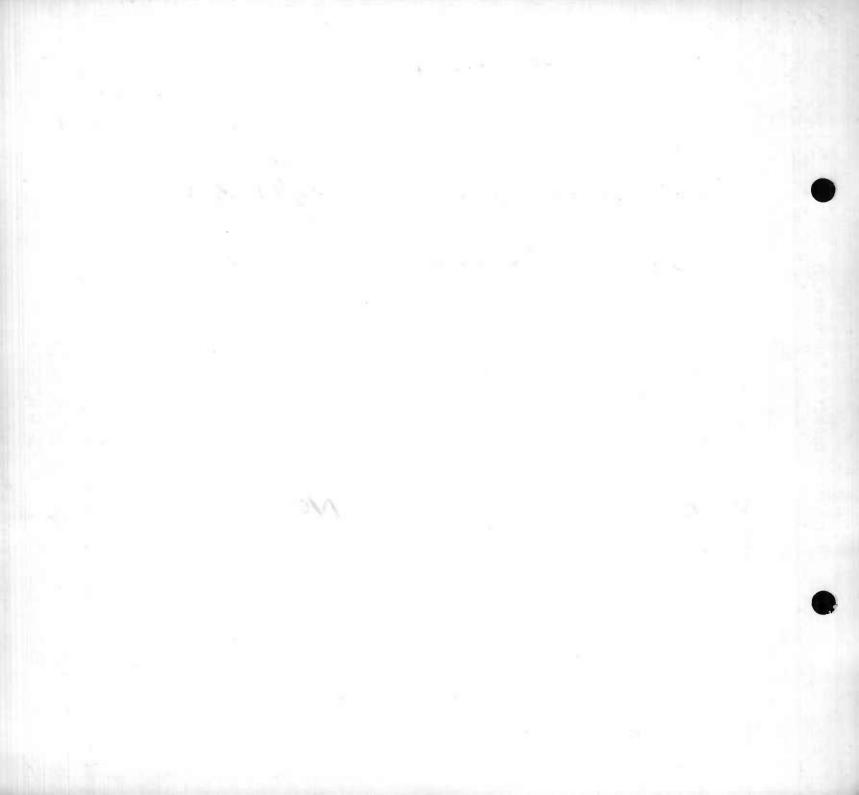
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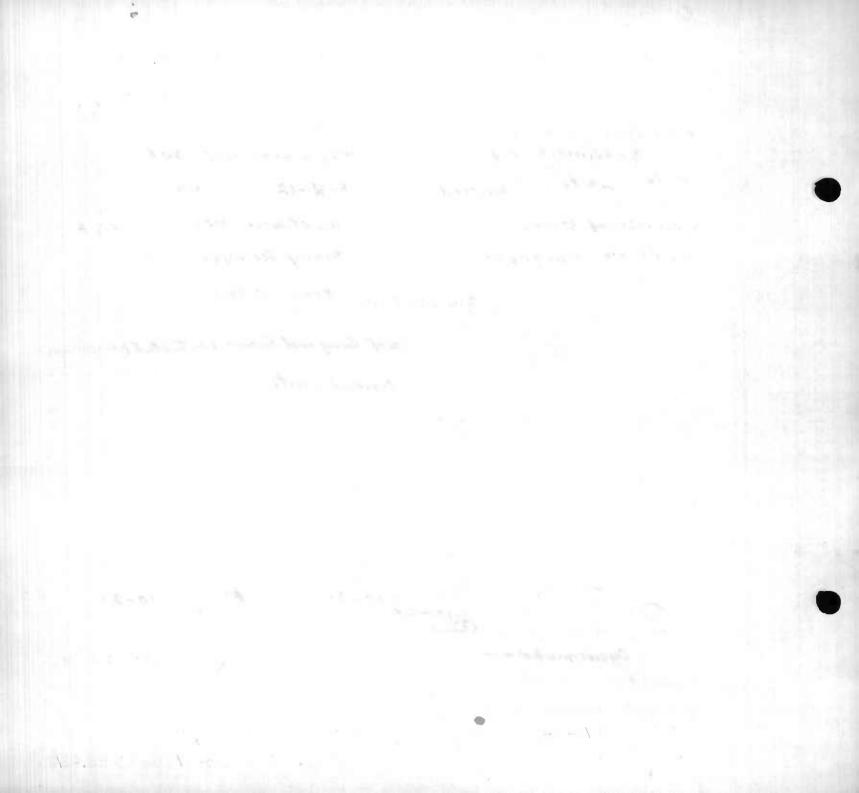
Jan D. F.

MATERIAL - MAJORITA

F QUERZAL

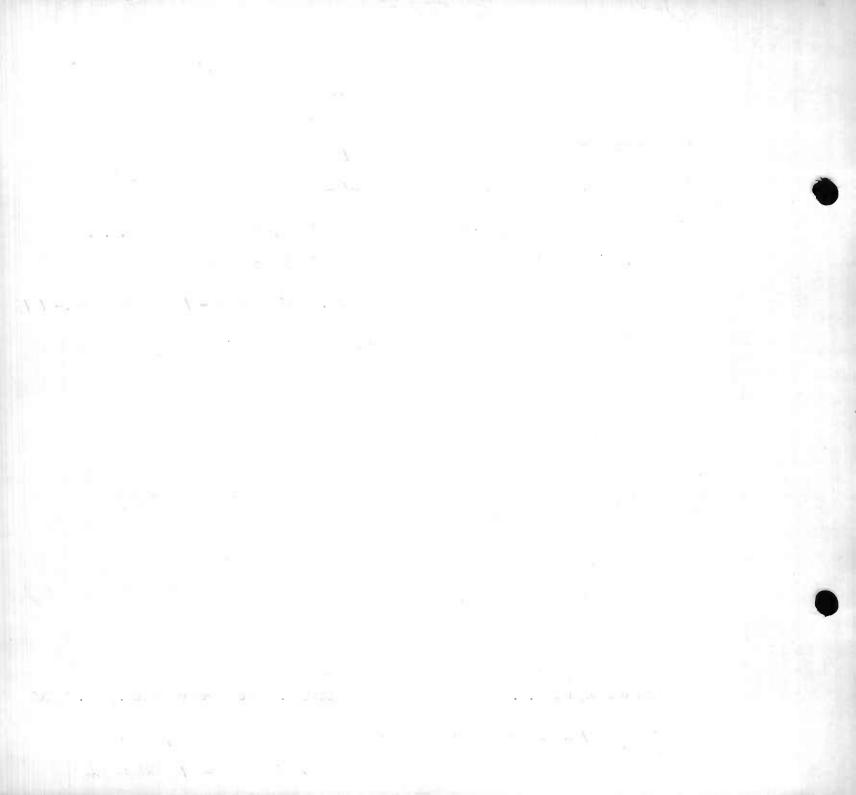


RTH NO. 625 67 1042	U CERTIFICA			67 10420
N.E. CASE NO.			D HOUR OF DEATH	
ype or Print) Burgoyne Edgar	· L.		PM 10-3	
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived. If i	nstitution: residence before admi
FULL NAME OF (If not in hospital or institution,	aive street	3, 51415	Baltin	nove
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outs	sido city limits, write	RURAL and give township
Mary land general to	ospital	1		6-01
O a strange made			urol, give location)	
8 Baltimore Md		439 N Linu	•	
mare with widow	D, NEVER MARRIED ED. DIVORCED (specify)	8. DATE OF BIRTH 8-8-12	ost birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours A
DA, USUAL OCCUPATION (Give kind of work 108, KIND Cone during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	an country)	12. CITIZEN OF WHAT COUNTRY?
Supervisor of stores		Baltimore	md.	U-8-A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	- 3 //
william Burgoyn	e	Mary Be	ever	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	8 Ce. ( : 0 )	olm.	
	215-07-83	88		
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P-	600	BIRTH NO. 47-23403 67 10422 CERTIFICATE OF DEATH Registered No.	67 10422
	of death of death Deceased e on the ath. Such	T. NAME OF DECEASED CIRL PERRY 2. DATE AND HOUR OF DEATH 10-28-67	12:05Pm
	a hospin cause of se; (5) De andance to deatl	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or lacotion) INSTITUTION  A. STATE B. CDUNTY  C. CITY OR TOWN (If outside city limits, write RURAL)	or Dalta Co
	ting c d caus r atter prior 1	D. STREET ADDRESS (Il rutol, give location)	K AVE
5	occurr ontribu ermine regula eased is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Ispecify) SINGLE 8. DATE OF BIRTH OCT - 28, 1867 1 ost birthdoy) Mor	Under 1 Yr. If Under 24 Hrs. Min.
	or c Indet s in dec	dane during mast of warking life, even if retired)  NONE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	WHAT COUNTRY?
ANT	stant it die direct ind; (4) Ueath was e on the ial dispos	Eusere Perry  15. Was Deceased Ever In U. S. Adred Forces? (Yes, na ar unknawn) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT	OVSKY
APORT	his assistant, of the fany k nced dendanced dor fin	18. DISEASE OR CONDITION DIRECTLY  NONE ECCEPT PERRY S  CAUSE OF DEATH  TO THE PERRY S	INTERVAL BETWEEN ONSET AND DEATH AV
R: IA	ner or ler. Als cture o pronou lar att	OISEASÉ OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart failure, osthenio, etc. It meons the disease, injury or complication which caused death.)  ANTICEDENT CAUSES  (B)	
IRECTO	examin examin (3) A fra in who in regul	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	
RAL D	medical medical burns; physicia an was	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
NER	a rody ody sici	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes at Nat) 20B. IF YES, WERE FINDITION   IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
3	ital by e; (2) B //here tl No phy before	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, hame, farm, factory, street, affice bldg., DEATH (notify medical examiner)	, give exact lacolian)
	the hosp ny natur except w and (6)	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Work At Work	3.9
	of a control of a	22. I certify that (I) (this hospital) attended the deceased from O.C. 28 19.67 to O.C. 28 that (I) (we) last saw the deceased alive an 19 and that in my) (aur) apinion and hour and from the causes stated above (I) (We) (did) (did not) view the body after death.	death accurred on the date
	P P P P P P P P P P P P P P P P P P P	23A. SIGNATURE  M.D. Attending Med. Director Stoff Phys. Director	of. 28, 1867
	y was rel y was rel 1) An acc A. at a l d prior to	230. PHYSICIAN'S NAME (Type) SANG KYUN SHIN M.D. MERCY HOSP. Unc.  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF CREMATORY   24D. LOCATION (City, 10)	wn, ar caunty) (State)
	the body we shows: (1) A was D.O.A. deceased provided approximation of the provided approximation ap	REMOVAL ISpecify)  BURGA HEALTH DEFT 258. NAME OF REGISTRAR 125C. FUNERAL DURAGES N. NAME OF REGISTRAR 125C. FUNERAL DURAGES N.	ADDRESS
	₹ 5 ₹ 5 ₹	NOV 1 1961 Robert E, Farbuna John M. NEBERY Son	18 4015 CHESTE

PRN 85.703 340018 N. S. A. N. Erre Eugen Peny Unantwitz files 69 Bet 25 Oct 24 Song time their X 806.28 Mercy Mest. Unc.

Such

1-571		HEALTH DEPARTMENT	67 10423
BIRTH NO. 67	10423 CERTIFICA	TE OF DEATH Registered No.	0, 1010
A.E. CASE NO.	CERTIFICATION OF THE PROPERTY		
NAME OF DECEASED		2. DATE AND HOUR OF DEATH	2.50
Marguer Place of DEATH IN BALTIMORE, MARY	ite P. Long	11-1-67	2157
PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admissio
5		25.0	
HOSPITAL OR oddress or location)	institution, give street	C. CITY OR TOWN (If outside city limits, write R	IIPAL and rive tour sin III
INSTITUTION			OKAL ONG GIVE THE SUPPLY
1109 Poplar	Hill Rd.	Baltimore D. STREET ADDRESS (If rurol, give locotion)	001/
) (		1109 Poplar Hill Rd.	
	MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours Min,
F W	Widowed, DIVORCED (specify)	1-17-1891   ost bidhdoy! 76	Months Days Hours Ivin,
A. USUAL OCCUPATION (Give kind of work)			12. CITIZEN OF
one during most of working life, even if retired)	of miles of bosiness or moosily.		WHAT COUNTRY?
Housewife		Portsmouth, Va.	USA
- FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Tradman D Danida 3 to	3.00	Widnifmed Wille	
Judson B. Pendelto		Winifred Wilson	
5. Was Deceased Ever in U. S. Armed Force (es,no or unknown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Mrs. G. E. Kostritsky	Above
18. 10000	CAUSE O		INTERVAL BETWEEN
17770		PEATH	ONSET AND DEATH
DISEASE OR CONDITION DIREC	CYLY	1	6 Day 10 -
LEADING TO DEATH	(A) CO	rigin undetermined)	& morote ?
(This does not mean the made of d heart failure, asthenia, etc. It means th	ying, e.g., DUE TO	rigin Undeterminel)	
injury ar camplication which caused d	ealh.)	0	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if an			
UNDERLYING CONDITION last.	(0)		
11	_		
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING		
I TO THE DEATH BUT NOT RELATE	D TO THE		
	TION FOR WHICH OPERATION	20A ALLTOBEVE (Ves of No.) 20B IE VES WEBE E	INDINGS CONGRESS
		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE F	ISES OF DEATH?
May 1967 WAS PERFO	as work	Vo	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o	n or about 21 C. WHERE DID (If in Battimare ffice bldg., INJURY OCCUR?	City, give exact location)
C DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S 01 11130K1	While At Not While		
(APPROX.)	Work At Work		
22. I certify that (I) (this hospital)	attended the deceased from	May 10 1967 to 1	Jou 1 1967
that (I) (ve) last saw the deceased	alive an	19 and that in (my) (out) apin	ian death accurred an the d
and haur and fram the causes stated	d abave. (I) (We) ( <del>21d)</del> -(did nat) v	riew the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
(11) - 12	M.D. Alle	ending Med. Stoff	11/1/11/17
un an per	1 Phy	s. Director Phys.	10/1/6/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	3 M3 3
Alan Bern	nstein M.D.	819 Park Avenue - Baltimore	, Maryland
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CRI	EMATORY 24D. LOCATION (Cit	y, town, or county) (State)
REMOVAL (Specify)			
Burial 11-4-6	7 Oak Grove	Portsmouth	Va.
SA. DATE REC'D BY HEALTH DEPT. 2	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
WOV 1 1967 (P.O.	20 9 -	H.W.Jenkins & Sons Co	1905 Vant Re
الملاطم	B & FAD 41	hremenentries or poure co	
/S 150-REV. 1/1/65 f	7		Balto., Md.

(Or. him a resterming) LA61 1-214 De arre oct 20 1877 10 67 No. at an Burstin 2.3/1/11

	AME OF DEC			CERTIF			AND HOUR OF DEAT	Н ->-
(Тур	e or Print)	Stefa	n de l	Klepinski		Octo	ber 31, 1	967   330
3. P	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USU	AL RESIDENCE (W	here deceased lived. II	institution: residence be
	ULL NAME C	F (It not in hospital	or institution	nive street		ryland		
1	HOSPITAL OR	oddress or locotio		give succi	C. CITY	OR TOWN (II	outside city limits, writ	e RURAL and give
	113111011011				Ba	ltimore ET ADDRESS		
F	5	207 St. Ged	rge 's	Ave.			(If rurol, give location)	
		· ·					eorge's A	
5. S	EX	6. RACE		D, NEVER MARRIED ED, DIVORCED (spec	ity)	OF BIRTH	9. AGE (In years lost birthdoy)	It Under 1 Yr. II Months Doys He
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		UPATION (Give kind of wor working life, even it retired)	k 10B. KIND C	F BUSINESS OR IND	USTRY 11. BIRT	HPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUN
	letired		Farm	ing	Po.	Land		U.S.A
13.	FATHER'S NA	ME			14. MO	THER'S MAIDEN N	IAME	
J	an de	Klepinski			Ju.	lia Kras	siborska	
15.	Wos Deceased	Ever in U. S. Armed Fo	rces?	16. SOCIAL	17. INFO	RMANT		ADDRESS
(Yes	s, no or unknowr	(II yes, give wor or date	es of service)					1-
	No			220-54-81			Klepinski	(Same
	18.	0./1			USE OF DEATI	•		ONICET AL
	DISEA	SE OR CONDITION DI LEADING TO DEATH			V	16- 49	men	
	(This does	not mean the mode of		, DUE	to	)		
		osthenio, etc. It meons		e,	_		0 10 1	-0 .
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		ANTECEDENT CAUSES		DUE.	Jemes	and a Cerul	Ord Ontens	
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IMPORTANT

FUNERAL DIRECTOR:

DANTIMORT LINION MEMORIAL HOSPITAL 821 DARTMUUTH ROAD

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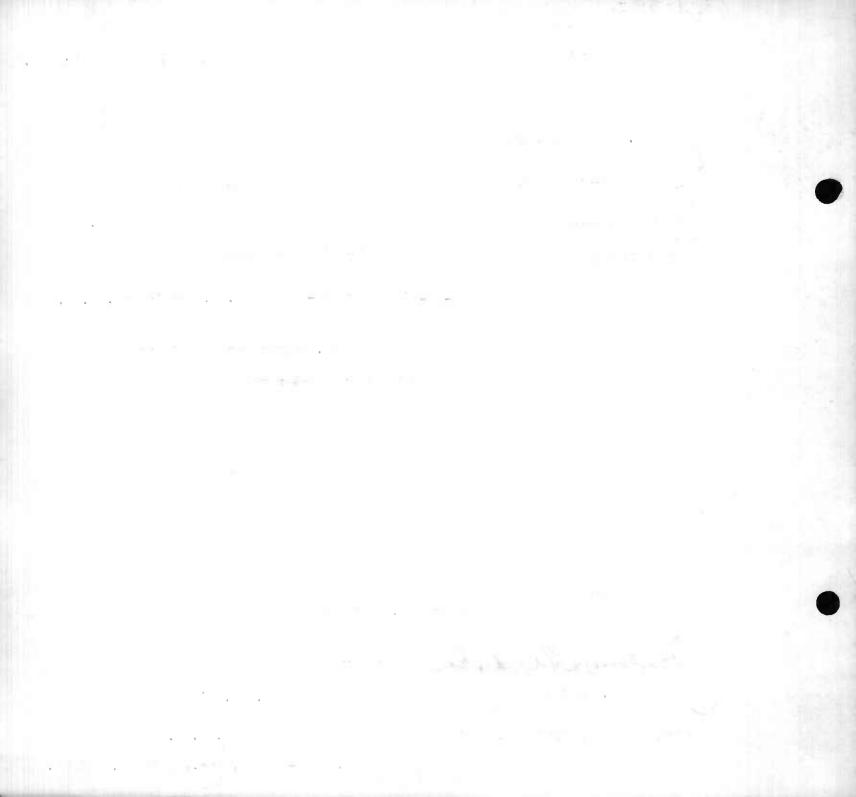
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL	This certificate must be approved by the chief medic the body was released to the hospital by a medicc shows: (1) An accident of any nature; (2) Body burns was D.O.A. at a hospital (except where the physic deceased prior to death); and (6) No physician wa written approval must be obtained before the rema

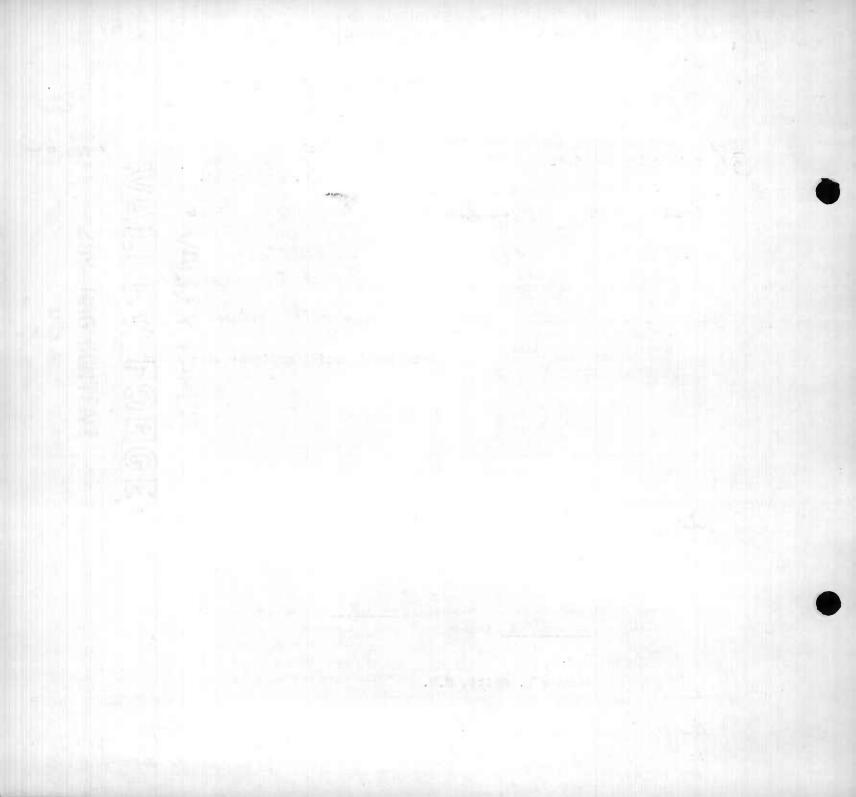
BIRTH NO.  M.E. CASE NO.  BALTIMORE  CERTIFIE	CATE OF DEATH  Registered No.	67 10428
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  LENG KAY DOVE	2. DATE AND HOUR OF DEATH	1 310 3.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR oddress or location) INSTITUTION	4. USUAL RESIDENCE (Where deceased lived, If instance A. STATE B. COUNTY  MARYLAND  C. CITY OR TOWN (If outside city limits, write RU)	a.a. (2)
JOHNS HOPKINS HOSPITAL.  3 N. BROADWAY.  BALTIMORE, MARYLAND.	D. STREET ADDRESS (If turol, give location) 1076 PLUM DRIVE	52-00
5. SEX    6. RACE   7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (special NEVER MARRIED)		If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDIdene during most of working life, even if refired)	USTRY 11. BIRTHPLACE (State or foreign country)  MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME FLOYD W. DOVE	14. MOTHER'S MAIDEN NAME TESTER. NAOMI	14
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	17. INFORMANT HOSpital Records	ADDRESS
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	REYE'S SYNDROME.	I week,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY	YES IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? City, give exact locotion)
	21F, HOW DID INJURY OCCUR? Work	
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive an 10/3.	0 1967 and that in (my) (our) opin	10/30/1967
and hour and from the couses stated above. (1) (We) (did) (did	D. Attending Med. Stoff Phys. Phys.	23B. DATE SIGNED 10/30/67
23C. PHYSICIAN'S NAME (Type)  W. E. BUCKNALL  24A. BURIAL CRAMATION, 24B. DAYE  24C. NAME of CEMETERY	M.D. BOX 33, JOHNS HOPK	1NS +(OSPITAL  1, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR NOV 2 1967 Res & Farbeuma	25C. FUNERAL DIRECTOR Stages	AA. Ma ADDRESS - Annapolis M
VS 150-BEV 1/1/65		1



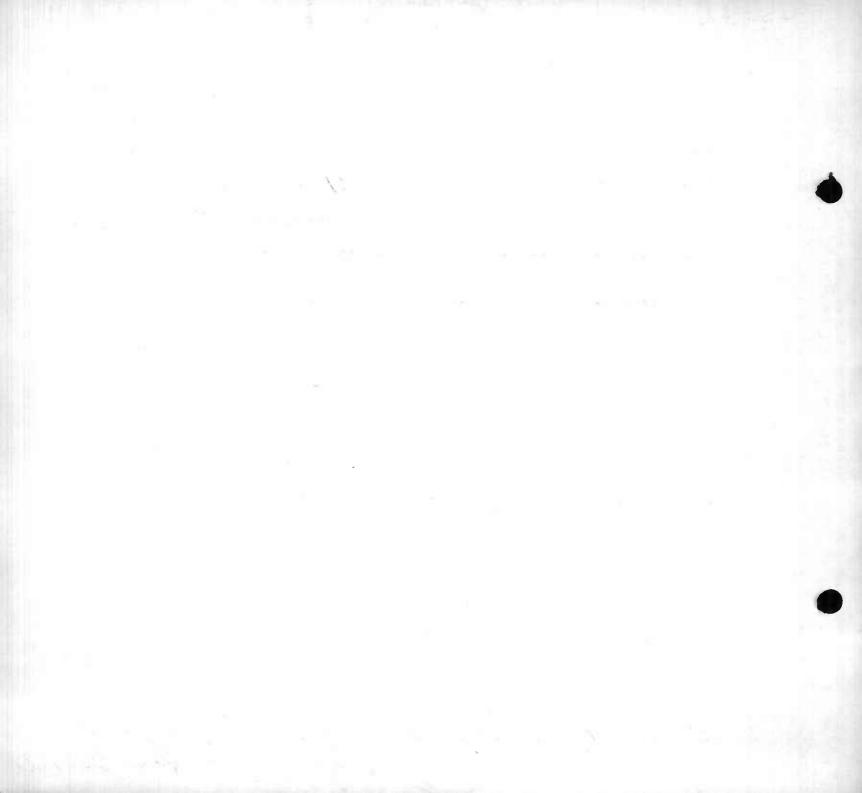


a 20 mm = 20 mm = 218 mm

NAME OF DECEASED   FOR ILLANOR   BURNS   Cotober 30, 1967   10:30 A.	Cape of Proof   Control	BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.	07 10400
BURNS October 30, 1967 10:30 A. M. BURNS OF DEATH AND THE PROPERTY OF THE PROP	Cause of Data   Cause of Dat	M.E. CASE NO.		
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University Hospital  Universit	FULL NAME OF ADDRESS OF LOCADON OF ADDRESS O	ELEANOR BURNS C	elenakis October 30, 1967	10:30 A. M.
ULIN DALA E OF  OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  Baltimore  D. STREET ADDRESS of IN WALL your location  BALLY  BALTIMORE  BALTIMORE  D. STREET ADDRESS of IN WALL your location  BRANCH  White  J. AGE W. J. AMERIED, NEVER MARRIED  Months; Doys I House 34 Has.  Mo	THE TAME OF THE HOSPITAL OR RESTRUTION, GIVE STREET  Baltimore  Baltimore  Diversity Hospital  Safe Acceptable		4. USUAL RESIDENCE (Where deceased lived, If institution: ros	
University Hospital  Baltimore  D. STRET ADDRESS (It noted, yes locasion)  84.4W. Lombard St.  SER   S. RACE   MIDOWED DIVISICE PROPERTY   See STREET   See STREE	Disease of Compition Directly Leading To Death  (Its, and a minimal diversity of Compition Directly Leading To Death  (Its, and a minimal diversity of Compition Directly Leading To Death  (Its)  Disease of Compition Compitions  Disease  Disease of Compition Compitions  Disease  Disease  Disease of Compition Compitions  Disease  Dis		Maryland	
University Hospital  D. STET ADDRESS (If I word, give location)  884/W. Lombard St.  Female  White  Whote D. DVSREED loveship  Wh	University Hospital  D. STRET ADDRESS (II mool, give location) 884/MJ., Lombard St.  SEX   MARKED NEVER MARKED   B. DATE OF BRITH   R. AGE (In your local blook of the provided property)   B. DATE OF BRITH   R. AGE (In your local blook of the provided property)   B. DATE OF BRITH   R. AGE (In your local blook of the provided property)   B. DATE OF BRITH   R. AGE (In your local blook of the provided property)   B. DATE OF BRITH   R. AGE (In your local blook of the provided property)   B. DATE OF BRITH   R. AGE (In your local blook of the provided property)   B. DATE OF BRITH   R. AGE (In your local blook of the provided property)   B. DATE OF BRITH   R. AGE (In your local blook of the provided property)   B. DATE OF BRITH   R. AGE (In your local blook of the provided property)   B. DATE OF BRITH   R. AGE (In your local blook of the property)   B. DATE OF BRITH   R. AGE (In your local blook of the property)   B. DATE OF BRITH   R. AGE (In your local blook of the property)   B. DATE OF BRITH   R. AGE (In your local blook of the property)   B. DATE OF BRITH   R. AGE (In your local blook of the property)   B. DATE OF BRITH   R. AGE (In your local blook of the property)   B. DATE OF BRITH   R. AGE (In your local blook of the property)   B. DATE OF BRITH   R. AGE (In your local blook of the property)   B. DATE OF BRITH   R. AGE (In your local blook of the property)   B. DATE OF BRITH	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL	ond give township)
University Hospital    D. STEET ADDESS (If wood, give blocson)	D. STEET ADDRESS (If twol) give location   Steel ADDRESS (If twol) give location   S	INSTITUTION	Raltimore	1X-03
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Female White Modern Programs (I) Under 24 Harmond Diversity Divers	SEE   D. RACE   T. MARRIED, NEVER MARRIED   D. DATE OF BETH   D. ACE   D. DATE OF BETH   D. DATE OF BE	Oniversity hospital	1/	
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The property of the property o	CAUSE OF DEATH   COUNTRY	Female White Unknown		
TATHER SHAME  WILLIAM  SILHARI  WILLIAM  SILHARI  WILLIAM  SILHARI  SILHARI  WILLIAM  SILHARI  SILHARI  SILHARI  WILLIAM  SILHARI  SILHARI	S. FATHER S. NAME   SOCIAL   SOCIAL   SOCIAL   SECURITY NO.		11. BIRTHPLACE (State or foreign country)	
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL   17. INFORMANT   ADDRESS   18. SOCIAL   18. SOCIAL   17. INFORMANT   ADDRESS   18. SOCIAL	13. FATHER'S NAME   14. MOTHERY MAIDEN NAME   15. MOTHERY NAME   15. MO	Packer Tout Bull Co.	V	/ 6 /
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not meen, the mode of dying, e.g., the mode of death of the mode of	Test	13. FATHER'S NAME		
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not meen, the mode of dying, e.g., the mode of death of the mode of	Test	William Selenski	Anne Varelaux Bax	
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not meen, the mode of dying, e.g., the mode of death of the mode of	Test	15, WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRE	SS A
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II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSINGT TO THE DISEASE OR CONDITION CAUSINGT TO THE DISEASE OR CONDITION POR WHICH OPERATION WAS PERFORMED  YES  1218. PLACE OF INJURY (o.g., in or obout) 21C. WHERE DID WAS PERFORMED  YES  1218. PLACE OF INJURY (o.g., in or obout) 21C. WHERE DID WAS PERFORMED  YES  1219. PLACE OF INJURY (o.g., in or obout) 21C. WHERE DID WAS PERFORMED  YES  1219. PLACE OF INJURY (o.g., in or obout) 21C. WHERE DID WAS PERFORMED  YES  1219. PLACE OF INJURY (o.g., in or obout) 21C. WHERE DID WAS PERFORMED  YES  1219. PLACE OF INJURY (o.g., in or obout) 21C. WHERE DID WAS PERFORMED  YES  1219. PLACE OF INJURY (o.g., in or obout) 21C. WHERE DID WAS PERFORMED  YES  1219. PLACE OF INJURY (o.g., in or obout) 21C. WHERE DID WAS PERFORMED  YES  YES  1219. PLACE OF INJURY (o.g., in or obout) 21C. WHERE DID WAS PERFORMED  YES  1219. PLACE OF INJURY (o.g., in or obout) 21C. WHERE DID WAS PERFORMED  YES  1220. WHERE DID WAS PERFORMED  YES  YES  YES  1221. PLACE OF INJURY (o.g., in or obout) 21C. WHERE DID WAS PERFORMED  YES  YES  YES  UNDERLYMBE (Month) (Doy) (Yeen) (Hour) 21E. INJURY OCCUR?  WHILE AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  WE'N AND ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  10/31/67  NAME (Type)  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  10/31/67  NAME (Type)  WE'N AND ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  10/31/67  NAME (Type)  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  10/31/67  NAME (Type)  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  10/31/67  NAME (Type)  ASSOCIATE MEDICAL EXAMINER  10/31/67  NOT WHILE AT WORK  AT WORK  AT WORK  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH? Yes  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- blooms, form, foctory, street, office bdg., INJURY OCCUR? UNDERLYING CAUSE OF DEATH? 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that I held an Inquiry Inspection Autopsy & and that an this basis, death in my apintan resulted fram: Natural causes & Accident Suicide Hamicide Undetermined manner  ACTUAL SIGNATURE ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  10/31/67  ASSOCIATE MEDICAL EXAMINER  23A. BURIAL CREMATION, 23B. DATE EXAMINER'S Werner U. Spitz, M.D.  ASSOCIATE MEDICAL EXAMINER  24C. FUNERAL DIRECTOR AUTOPSY  ADDRESS	RISE TO THE ABOVE CAUSE (A) STATING THE		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exect locotion) home, form, foctory, street, office bldg, INJURY OCCUR?  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.)  22. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinian resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner  ACTUAL SIGNATURE EXAMINER ACSIGNED  ACTUAL SIGNATURE EXAMINER ACSIGNED  ACTUAL SIGNATURE EXAMINER ACSOCIATE MEDICAL EXAMINER ACSOCIATE ACSOCIATE MEDICAL EXAMINER ACSOCIATE ACSO	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLY OR COTTRIB- UNDERLY	the state of the s		
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21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exect locotion) home, form, foctory, street, office bldg, INJURY OCCUR?  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.)  22. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinian resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner  ACTUAL SIGNATURE EXAMINER ACSIGNED  ACTUAL SIGNATURE EXAMINER ACSIGNED  ACTUAL SIGNATURE EXAMINER ACSOCIATE MEDICAL EXAMINER ACSOCIATE ACSOCIATE MEDICAL EXAMINER ACSOCIATE ACSO	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLY OR CONTRI	TO THE DEATH BUT NOT RELATED TO THE		
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UNDERLYING CAUSE OF DEATH.    ACTUAL SIGNATURE EXAMINER'S NAME (Type)   Werner U. Spitz, M.D.	UNDERLYING OR CONTRB- UTING CAUSE OF DEATH.    home, form, foctory, street office bldg. INJURY OCCUR?   21D TIME			
UTING CAUSE OF DEATH.    OF INJURY   OCCURRED   21F. HOW DID INJURY OCCUR?	UTING CAUSE OF DEATH.    Cause of Death.   Cause of Death.   Cause of Death.   Cause of Death.   Cause of Death.   Cause of Death		in or obout 21C. WHERE DID (If in Boltimoro City, give exact office bldg, INJURY OCCUR?	location)
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Certify that I held an Inquiry   Inspection   Autapsy   and that an this basis, death in my apinion resulted fram: Natural causes   Accident   Suicide   Hamicide   Undetermined manner   CHIEF MEDICAL EXAMINER   DATE SIGNED	Certify that I held an Inquiry   Inspection   Autapsy   and that an this basis, death in my apinion resulted fram: Natural causes   Accident   Suicide   Hamicide   Undetermined manner	5	21F. HOW DID INJURY OCCUR?	
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ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Werner U. Spitz, M.D.  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  10/31/67  ASSOCIATE MEDICAL EXAMINER  23A. BURIAL CREMATION, 23B. DATE  23C. NAME of CEMETERY of CREMATORY  Burial  Chief Medical Examiner  ASSOCIATE MEDICAL EXAMINER  23D. LOCATION  (City, town, of county)  County  Co	Certify that I held an Inquiry   Inspection   Autapsy   And that an this basis, death in my apinion	m. WORK AT W	/ORK	
ACTUAL SIGNATURE BY WERNER U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER 10/31/67  NAME (Type)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ACTUAL SIGNATURE SIGNED  ASSISTANT MEDICAL EXAMINER X 10/31/67  ASSOCIATE MEDICAL EXAMINER X 10/31/67  ASSOCIATE MEDICAL EXAMINER X 10/31/67  ASSOCIATE MEDICAL EXAMINER X 10/31/67  PARTICLE PROVAL (Specify) PARTICLE	22.	tapsy X and that an this basis, death in my anini	an
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 10/31/67  Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER 10/31/67  ASSOCIATE MEDICAL EXAMINER 10/31/67  ASSOCIATE MEDICAL EXAMINER 10/31/67  Burial Cremation, 23B. Date 23C. Name of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) (Stoto) Market 10/31/67  Burial 1/2/67 Alen Haven Cem. Attable Land	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 10/31/67  M.D. ASSISTANT MEDICAL EXAMINER 10/31/67  ASSOCIATE			
ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER IN 10/31/67  Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER IN 10/31/67  ASSOCIATE MEDICAL EXAMINER IN 10/31/67  Burial Cremation, 23B. Date 23C. Name of Cemetery of Crematory 23D. Location (City, town, of county) (Stoto)  Burial 1/2/67 Alen Haven Cem. Attable Land	ACTUAL SIGNATURE SIGNATURE EXAMINER Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER 10/31/67  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stoto)  Burial 24A. Date REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS / Stalkey ADDRES	resulted fram: Natural causes X Accident Suicld	_	
SIGNATURE SIGNATURE WOLLD ASSISTANT MEDICAL EXAMINER X  EXAMINER'S Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER 10/31/67  NAME (Type)  Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER 10/31/67  ASSISTANT MEDICAL EXAMINER X  10/31/67  SALEN DESCRIPTION (City, town, or county)  Pure Bureal 1/2/67 Selen Haven Cem. Putokie Sign	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 10/31/67  EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  23A. BURIAL CREMATION, REMOVAL (Specify)  Burial 1/2/67 Slen Faven Cemetery or CREMATORY 23D. LOCATION (City, town, or county)  Burial 1/2/67 Slen Faven Cemetery or CREMATORY 24C. FUNERAL DIRECTOR ADDRESS AD	1100 1 5-10		DATE SIGNED
EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  RAME (Type)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  RAME (Type)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  RAME (Type)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  RAME (Type)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Specify)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Spitz)  Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  REMOVAL (Spitz)  Werner U. Spitz, M.D. ASSOCIATE MED	EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/31/67  23A. BURIAL CREMATION, REMOVAL (Specify)  Burial 1/2/67 Glen Haven Cem. Ptobie Hay address 1/2/4. Date rec'd by Health dept. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS 1  NOV 2 1967 Oles 2 Failer 14		ASSISTANT MEDICAL EXAMINER X	
NAME (Type)  WETTIET U. Spt. 12, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)  REMOVAL (Specify)  Burial 1/12/67 Selen Haven Cem. Pitchie Sim	NAME (Type)  WETHET U. SPLEZ, M.D.  23A. BURIAL CREMATION, REMOVAL (Specify)  Burial  24A. DATE REC'D BY HEALTH DEPT.  24B. NAME OF REGISTRAR  24C. FUNERAL DIRECTOR  Lowan Son Inc. Hollins			10/31/67
REMOVAL (Specify)  Bursal 1/12/67 Selen Haven Cem. Potokie Story Mix.	REMOVAL (Specify)  Burial 24A. DATE REC'D BY HEALTH DEPT.  24B. NAME OF REGISTRAR  24C. FUNERAL DIRECTOR  ADDRESS,  St.  NOV 2 1967 Oles E. Farberger  Lohn J. Cowan son Inc. Hollins			
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Burlal 1/12/67 Men Haven 6em. Mobile Hom.	NOV 2 1967 Orleat E. Farbura John J. Cowan son Inc. Hollins	REMOVAL (Specify)	0 N.VI. 1	mx.
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			24C. FUNERAL DIRECTOR	ADDRESS / St.
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	VS 151-REV. 1/1/65		framy Cowanisten Som	Holling
/S 151-REV. 1/1/65		VS 151-KEV. 1/1/65		33 mr. 1



	H NO.	67 104	04	TE OF DEATH	Registered Na	67 10431
1. N	AME OF DECEASED		+		ND HOUR OF DEATH	002
	MOH		PARD Jr.		. 31,1967	
	FULL NAME OF (If no	t in hospital or institution	on, give street	MARYLAND B. COU	NTY	stitution: résidence before admission)
	NSTITUTION MARY	SS OF location) LAND GE	N. HOSP.	C. CITY OR TOWN (IF		URAL and give fownship)
,	48 BALT	o, red.	827 UNDEN AU	D. STREET ADDRESS (II	f rural, give location) VASHINGTOI	n st.
5. S	EX 6. RACE	WIDO	ED, NEVER MARRIED WED, DIVORCED (specify) ALLICO	12/21/16	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
done	USUAL OCCUPATION (Give during most of working life, e	van if ratired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
	THOMAS 1			BERGJOHNSOI	V	
	Was Deceased Ever in U. i, no or unknown) (II yes, give	wor or dates of service	e) 6. SOCIAL SECURITY NO.	JULIA FURSY	THE MORE MU.	ADDRESS HO 7/1/3
	DISEASE OR CON		CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING (This does not meen the	TO DEATH	(A) .A	YOCARDIAL 1	NEARCTION /41	(UT) 30 MIN
	heort failure, asthenia, e injury or complication w	hich coused deoth.)	ana	Envoluens	nc iteans	(UT) 30 MIN
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RTIFIC/	194. DATE OF OPERATION	119B. CONDITION FO	OR WHICH OPERATION  EMBOLISM FEM  BILATERAL.	ART. 20 A. AUTORSY? (Yes or N	10) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
	21 A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notily medical exc	USE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	21D. TIME (Month) (I OF INJURY (APPROX.)	Doy) (Year) (Hour)	21E. INJURY OCCURRED  While At Not Whi Work At Work		JURY OCCUR?	
				007 30		
			, , , , , , , , , , , , , , , , , , , ,	view the bady after death		tian deoth occurred on the date
	23A. SIGNATURE	D. A.				23B, DATE SIGNED
	23C. PHYSICIAN'S	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	M.D. Att	ending Med. Director	Staff Phys.	007.31,1967
	K. G. DR.	ITSAS.	M.D.	111 W. MON	CMENT ST.	. BALTO, Med 2120
24A	REMOVAL (Specify)	# DATE 240	HALLES AND	EMATORY 24D.	Cocation (City	y, town, or county) (State)
25A	DATE REC'D BY HEALTH	DEPT. 258. NAN 1967 Polye	DE Falleurie	25C. FUNERAL DIRECTO	1 11	and stee Mrs
VS	150-REV. 1/1/65	10000		0		77,000



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No.		TO TOO

2	BIRTH	NO.
- 1		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.				THE OF BEATTING	
1. NAME OF DECEASED		Mc INTI		2. DATE AND HOUR PRONOUNCED DEAD	
GEORGE 3. PLACE IN BALTIMORE MARYLAND.	J.	MC-INT		October 30, 196	5:35 P. M.
CERTIFICAT	WHERE PROBO	FNDED	A. STATE Maryla	DENCE (Where deceased lived. If instigand	NTY B. Ita
FUTE NAME OF THE NOT IN HOSP HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITE	MON, GIVE STREET		OWN (If outside carparole limits, write	RURAL and give township)
INSTITUTION		TT-TD-01		imore	53-00
Baltimore City Hosp	ital (DO	A)		DRESS (If rural, give location)	9 9 9 9
Barelmore Grey Mospital (Boa)			2453 Fairway		
5. SEX 6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.		
Male White	WIDOWED, DIVORCED(specify)		D 00	F1	Months Doys Hours Min.
MATE WRITE Married  10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR IN			Dec. 20, 1914 52 XX		
done during mast of working life, even if retired	)		PAGE TO SELECT THE PAGE CO. T. S. C.		WHAT COUNTRY?
Machine operator	Stee	L	Maryland U.S.A.		U.S.A.
Charles E. McIn	tire		Anna Mae Norris		
15. WAS DECEASED EVER IN U.S. ARM		16. SO CIAL	17. INFORMANT ADDRESS		
(Yes, na arunknown) (If yes, give war ar de		SECURITY NO.			
No		213-07-2232	Mrs. Eleanor C. McIntire 2453 Fairway		
18. 4		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY				
LEADING TO DEA	TH	Arteri	osclerot:	ic Cardiovascular D	isease
(This daes not mean the made heart failure, ostherno, etc. It mea	of dying, e.g.,	DUE TO			
injury ar complication which cause	d death.)				
ANTECEDENT CAUS	SES			7	
DISEASES OR CONDITIONS, IF		(B) DUE TO			
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE				
		(C)			
2	1				
OTHER SIGNIFICANT CONDITION					
DISEASE OR CONDITION CAUSI		HE			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSIL TIPA. DATE OF OPERATION 198. CC		WHICH OPERATION	20 A. AUTOP	SY? (Yes or No.) 208. IF YES, WERE FIL	
WAS P	ERFORMED		Ye	S IN CERTIFYING CAUS	SES OF DEATH?
21 A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21 C.	WHERE DID (If in Boltimore City, gi	ve exact location)
UNDERLYING OR CONTRIB-	etc.)	, fam, factory, street,	ince biag., INJU	RY OCCUR!	
7	ear) (Hour) 2	TE. INJURY OCCURRED	215	HOW DID INJURY OCCUR?	
OF INJURY				now bib injoki occok.	
(APPROX.)	m. \	WHILE AT NOT	WHILE ORK		
22. 1 certify that I held an	Inquiev 🗌	Inspection Au	apsy X a	and that an this basis, death in m	ny aninian
	**				
resulted fram: Natural	auses 1	Accident Suicid		cide Undetermined mann	er
ACTUAL ///	. 1 (	1-		MEDICAL EXAMINER	DATE SIGNED
SIGNATURE III	nh.7	M.D		MEDICAL EXAMINER X	
EVALUEDIS /	er U. Sp	itz, M.D.	ASSOCIATE	MEDICAL EXAMINER	10/31/67
23A, BURIAL CREMATION, 238, DATE	V 23	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (City,	, town, ar county) (State)
Burial 11/2/	67	Lorraine Cer	net em	Woodlawn, Md.	
24A, DATE REC'D BY HEALTH DEPT.		OF REGISTRAR		ERAL DIRECTOR	ADDRESS
NOV 2 1967		E, Farley MA		ich Funeral Home Dun	dalk, Md.
VS 151-REV. 1/1/65	3	/			

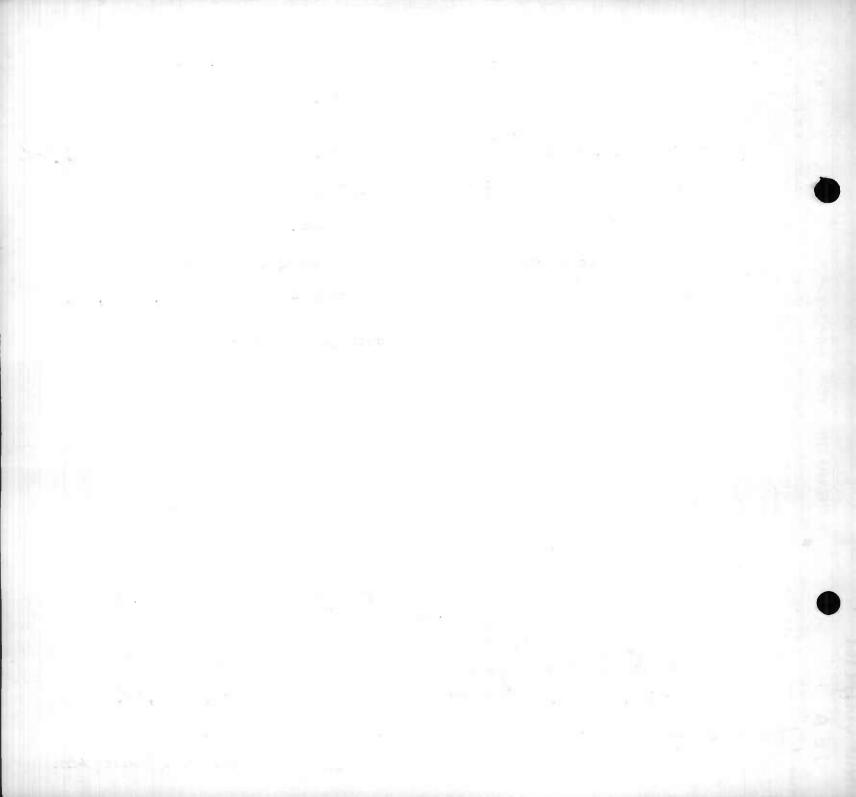
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death.

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Heidi Ann Weingartner Oct. 31, 1967 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital ar institution, give street Md. address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give lawaship) INSTITUTION US Public Health Service Hospital D. STREET ADDRESS (If rural, give location) 3100 Wyman Pk. Drive 2905 Charles Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) last birthday Months Days Hours 11/20/58 Single 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Student Conn. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Weingartner Beverly Le Brecque 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO Records- US PHS Hospital, Balto, Md. No None CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Acute lymphocytic leukemia Months LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTIFIC 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Na) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes yes Ü 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21E INJURY OCCURRED While At Not While (APPROX.) At Work Work 22. I certify that (1)(this hospital) atlended the deceased from July 13 .....19 ..67 to ..... Oct. 31 19 67 , that (1) (we) last saw the deceased alive on Oct. 31 1967 and that in (17/4) (our) opinion death occurred an the date and hour and from the couses stated above. (1) (We) (did) (Ajd/not) view the body after death. 23B, DATE SIGNED 10/31/67 Attending Phys. Stoff Phys. 23 . MYSICIAN'S 23D. ADDRESS NAME (Type) Michael E. Pelczar. US PHS Hospital, Balto, Md. SA Surg (R) M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, town, or county) 24D. LOCATION REMOVAL (Specify) JT. BERNARD'S CEMETERY HAZARDVILLE, CONN. ULLRICH FUNERAL HOME, BALTO, MD. VS 150-REV. 1/1/65



IMPORTAN

DIRECTOR:

FUNERAL

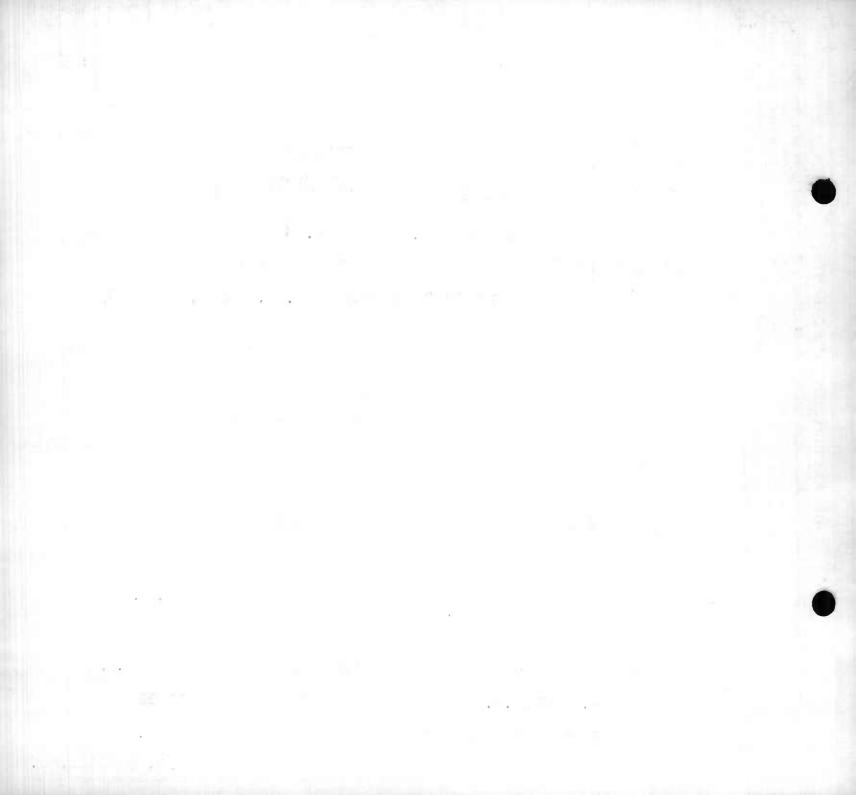
BALTIMORE CITY HEALTH DEPARTMENT

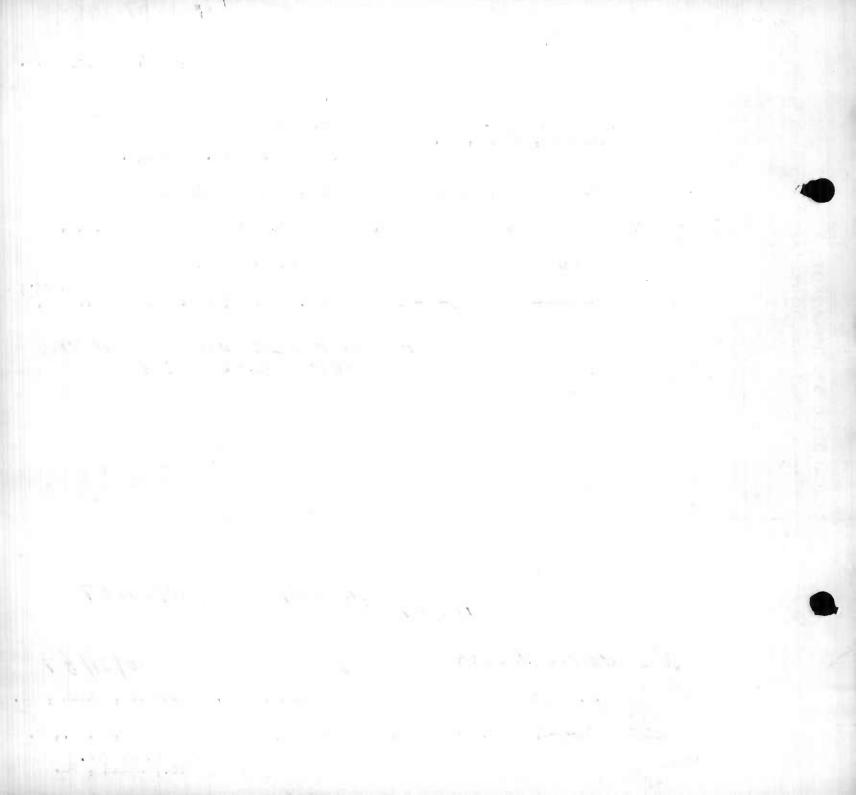
If Under 24 Hrs.

ADDRESS

Mary Lanch Buttimore Johns Hopkins Hospital +111 Overlea Ave M W Manned 5/18/92 75 Rulesman Insectasets Maryland U.S.A. John Ceds Yes Peneumonia Cerebral Vascular 

67 10	1435 BALTIMORE CITY	HEALTH DEPARTMENT	W.	67 10435
PIKIN NV.	CERTIFICA	TE OF DEATH	Registered Na	200
M.E. CASE NO.  1, NAME OF DECEASED			ND HOUR OF DEATH	
Type or Print) KERMIT WALT	ER FOLEY	10/	30/67	9:45 PM
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If ins	ititution: residence before admissi
FULL NAME OF (If not in hospital or institut	ion, give street	MARWLAND	BALTIMORE	21222 But
HOSPITAL OR oddress or tocotion) tNSTITUTION		C, CITY OR TOWN (If o	outside city fimits, write R	URAL and give township)
CHURCH HOME & F	HOSPITAL	DUNDALK D. STREET ADDRESS (1)	f tural give leastice)	33-00
35		D. STREET ADDRESS OF 3125 SOLLE	RS POINT R	OAD
MALE CAUCASIAN WIDE	HED, NEVER MARRIED (Specify)  MARRIED	** 5/16/1919	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 I Months Doys Hours Min
OA, USUAL OCCUPATION (Give kind of work 10B, KINI one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	PEEL MFGR.	PENNA.		USA
WAREHOUSEMAN S'	TENED MACH	14. MOTHER'S MAIDEN NA	AME	
WALTER FOLEY		ELSIE (	(?)	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
YES   WWII	174/01/1982	Margaret. L.	Foley, A	S IN ABOVE
18.5 27.1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				0.1
(This does not mean the made of dying,	e.g., (A)	coronary occlu	sion	3 hours
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)	emphysema		
	DUE TO			
DISEASES OR CONDITIONS, if any, girise to the above cause (A) stoting	the (C)	chronic duodena	l ulcer	
UNDERLYING CONDITION last.	0 110 0 110 110 110 110 110 110 110 110	••••••••••••••••••••••••••••••••••••••		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	NO NO	No. 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
21.A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
Q 21D, TIME (Month) (Dov) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work			
22 1 24 1 2 (1) (1) (1) 1 2 1 2 1 2 1 2 1		une 1959	10	30.67
22. I certify that (I) (this hospital) ottend	70 30	677		17
that (1) (we) last saw the deceased olive				nlan death occurred an the
ond haur and from the causes stated abov	e. (1) (We) (did) (did nat)	view the bady after death	•	
23A. SIGNATURE	44.5	anding and and	St-#	23B, DATE SIGNED
Eugene T Neva	1 M.D. All	s. Med. Director	Stoff Phys.	11.1.67
23C. PHYSICIANS NAME (Type)		23D. ADDRESS	Landard Elec	
EUGENE B. NEVY,M.	M.D.	DUNDALK, MAI	RYLAND 212	222
	C. NAME of CEMETERY or CR			y, town, or county) (State
BURIAL 11/2/1967	BALTIMORE NA	TIONAL B	ALTIMORE, M	ID.
	ME OF REGISTRAR	250 THE AV DIRECT	1 11 01	ADDRESS
130/ 05/	ut E. Farbers	WALTER BRO		
/S 150-REV. 1/1/65			- [ ]	
3 130-RE V. 1/1/03				





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P	and o
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FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of except where the physician who pronounced death was in regular attendance on the obtained (6) No physician was in regular attendance on the deceased prior to death. Such (5); and (6) No physician was in regular attendance on the deceased prior to death. Such (6) extended before the remains are embalmed or final disposition is made.
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M	X (X)
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	. = "

M.E. CASE NO.  I. NAME OF D  Type or Print)	ECEASED		CERTIFICA	2. DAI	tober 29, 196	<b>H</b>	
PLACE OF	Louis E. P	rennedy				-	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)				Maryland	l.	institution; residence befor	
INSTITUTION		) n/		0 4		e RURAL and give townsh	ip)
6300 B	rook Avenue			D. STREET ADDRESS 6300 Bro	(If rural, give location) Ook Avenue	21	0
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If U Months Doys Hours	nder 24 Hr
Male	White		ied	April 17, 190	01 67		
	CUPATION (Give kind of wor ol working lile, even if retired)					12. CITIZEN OF WHAT COUNTRY	?
(hie!	Engineer	Board o	f. Education	Baltimo	re, Maryland	U.S.A.	
				14. MOTHER'S MAIDEN			
Wil	liam J. Kenned	ly		Sarah L.	Harp		
5. Was Deceas Yes, no or unkno	ed Ever in U. S. Armed Fo wn) (If yes, give war or date	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
Yes	1111 8 11111		218-04-7046	Susan France	es Mary Kenn	edu-Same	
18. 4	20.01		CAUSE O	F DEATH		INTERVAL BE	
DISEASES	nal mean the mode of e, asthenio, etc. It means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if	s the disease, d death.) S ony, giving	DUE TO	nio sclontre	· heat des	onset and	<b>L</b>
OTHER SIGNED DISEASES IN SECTION OF THE DISEASE DISEAS	e, asthenio, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.  II WIFICANT CONDITIONS CONDEATH BUT NOT RELATE CONDITION CAUSING OF OPERATION 198. CON WAS PER CONDITION CAUSE OF	s the discose, dideath.)  ony, giving stoling the CONTRIBUTING ATED TO THE IT.  NOTION FOR WIFORMED  21B. I home	HICH OPERATION		T No) 208, IF YES, WER IN CERTIFYING C	EE FINDINGS CONSIDERED CAUSES OF DEATH?	
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OTHER SIGNOTION TO THE DISEASE OF TO THE DEATH (not OF INJURY (APPROX.)  22. I certithet (I) (w	e, ashenio, etc. II means amplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.  II MIFICANT CONDITIONS OF DEATH BUT NOT RELATE BUT NOT RELATE BUT NOT RELATE CONDITION CAUSING OF OPERATION 198. CONWAS PER CONDITIONS (DENT WAS UNDERLYING CAUSE OF The couse of the couse of the couse of the couses stoud from the couses stoud ANTECEDENT CAUSE OF The couse of the couses stoud from the couses stoud from the couses stoud and from the couse stoud and from the couse of t	ony, giving sloting the  CONTRIBUTING ATED TO THE IT.  NOTION FOR WIFORMED  21B. I hame etc.)  (Hour) 21E. While work with the ed olive on	HICH OPERATION  PLACE OF INJURY (e.g., in faim, factory, street, of INJURY OCCURRED at Whill At Work to deceased from	20 A. AUTOPSY? (Yes of nor obout 21 C. WHERE DI INJURY OCCU	INJURY OCCUR?	E FINDINGS CONSIDERED CAUSES OF DEATH?	on)
OTHER SIGNOTION TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF CONTRIBUTION TO THE DISEASE OF CONTRIBUTION TO THE DEATH (not OF INJURY (APPROX.)  21.D. TIME OF INJURY (APPROX.)	e, ashenio, etc. II means amplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.  II MIFICANT CONDITIONS OF DEATH BUT NOT RELATE BUT NOT RELATE BUT NOT RELATE CONDITION CAUSING OF OPERATION 198. CONWAS PER CONDITIONS (DENT WAS UNDERLYING CAUSE OF The couse of the couse of the couse of the couses stoud from the couses stoud ANTECEDENT CAUSE OF The couse of the couses stoud from the couses stoud from the couses stoud and from the couse stoud and from the couse of t	ony, giving sloting the  CONTRIBUTING ATED TO THE IT.  NOTION FOR WIFORMED  21B. I hame etc.)  (Hour) 21E. While work with the ed olive on	HICH OPERATION  PLACE OF INJURY (e.g., in form, fortory, street, of the form)  INJURY OCCURRED  Al	20A. AUTOPSY? (Yes of nor about 21C. WHERE DI INJURY OCCU 21F. HOW DID e	INJURY OCCUR?  In (If in Boltim R)  In to 2:  It to 2:  It to 3:	SE FINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exact location of the control of the co	196.7 an the de
OTHER SIGN TO THE DISEASE PISE TO UNDERLY!  OTHER SIGN TO THE DISEASE	e, ashenio, etc. II means amplicotian which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.  III CONDITION TO THE LOST OF THE LOST ON THE LO	ony, giving sloling the CONTRIBUTING ATED TO THE IT. NOTION FOR WIFORMED  21 B. I hame etc.) (Hour) 21 E. While work work work with the dolive on the control of the contro	HICH OPERATION  PLACE OF INJURY (e.g., in fairm, factory, street, of INJURY OCCURRED AI Work of deceased from (We) (did) (did not) while the deceased from (We) (did) (did not) while the phy	20A, AUTOPSY? (Yes on or about 21C. WHERE DIffice bidg., INJURY OCCU 21F. HOW DID 19 6 7 on on tiew the body after decending Med.	INJURY OCCUR?  In (my) (our) o oth.  Stoff Phys.	EE FINDINGS CONSIDERED CAUSES OF DEATH? Fore City, give exact location of the control of the con	on) 1967 an the da
DISEASES rise lo UNDERLYII  OTHER SIG TO THE DISEASE OF THE TO THE OF CONTRIBUTION OF THE TO THE T	e, ashenio, etc.   I means amplicotian which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.    Interpretation   Interpretati	ony, giving sloting the CONTRIBUTING ATED TO THE IT. NOTION FOR WIFORMED  21 B. I hame etc.)  (Hour) 21 E. While work work work work work work work work	HICH OPERATION  PLACE OF INJURY (e.g., in faim, factory, street, of INJURY OCCURRED AT Work  e deceased from (We) (did not) v  (We) (did) (did not) v  Phy	20 A. AUTOPSY? (Yes of nor obout 21 C. WHERE DI fice bidg., INJURY OCCU 21 F. HOW DID 19 6 7 on fiew the body after december 19 6 7 on 23 D. ADDRESS	INJURY OCCUR?  1957 to 2: d that in (my) (our) outh.	SE FINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exoct locolic printing death occurred  238. DATE SIGNED	1967 an the do
OTHER SIGN TO THE DISEASE PISE TO UNDERLY!  OTHER SIGN TO THE DISEASE	e, ashenio, etc.   I means amplicotian which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.    Interpretation   Interpretati	ony, giving sloting the CONTRIBUTING ATED TO THE IT. NOTION FOR WIFORMED  21 B. I hame etc.)  (Hour) 21 E. While work work work work work work work work	HICH OPERATION  PLACE OF INJURY (e.g., in fair, factory, street, of INJURY OCCURRED AI Work of deceased from We) (did) (did not) very constant of CEMETERY or CRE	20 A. AUTOPSY? (Yes of nor about 21 C. WHERE Diffice bidgs, INJURY OCCU 21 F. HOW DID 21 F. HOW DID 21 F. HOW DID 22 D. ADDRESS 23 D. ADDRESS 24 MATORY 24	INJURY OCCUR?  IN Stoff Phys.   Stoff Phys.   D. LOCATION	pinion deoth occurred  238. DATE SIGNED  2017 MEN M.  (City, town, or county)	1967 an the de
DISEASES rise lo UNDERLYII  OTHER SIG TO THE DISEASE OF THE TO THE OF CONTRIBUTION OF THE TO THE T	e, ashenio, etc. II means amplicotian which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION Iosl.  INTECEDENT CONDITIONS (DEATH BUT NOT RELIBER CONDITION CAUSING OF OPERATION 198. CONWAS PER CONDITION (Doy) (Year)  (Month) (Doy) (Year)  Type (Month) (Doy) (Year)  Type (Type) (Type) (Year)  REMATION, 248. DATE (Specify) (1/-/-(	ony, giving sloling the CONTRIBUTING ATED TO THE IT.  NOTION FOR WERD While Work Will ottended the ed olive on the control of the ed olive on the control of	HICH OPERATION  PLACE OF INJURY (e.g., in farm, factory, street, of INJURY OCCURRED  E AI Not Whill AI Work  e deceased from  (We) (did) (did not) v  Phy  M.D. AHE  Phy  M.D. Saltimore Nat	20 A. AUTOPSY? (Yes of nor about 21 C. WHERE Diffice bidgs, INJURY OCCU 21 F. HOW DID 21 F. HOW DID 21 F. HOW DID 22 D. ADDRESS 23 D. ADDRESS 24 MATORY 24	INJURY OCCUR?  IN Stoff Phys.   Continued by the story of	SEE FINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exoct locohors  Spinion death occurred  238. DATE SIGNED  30 0000000000000000000000000000000000	196.7 an the di

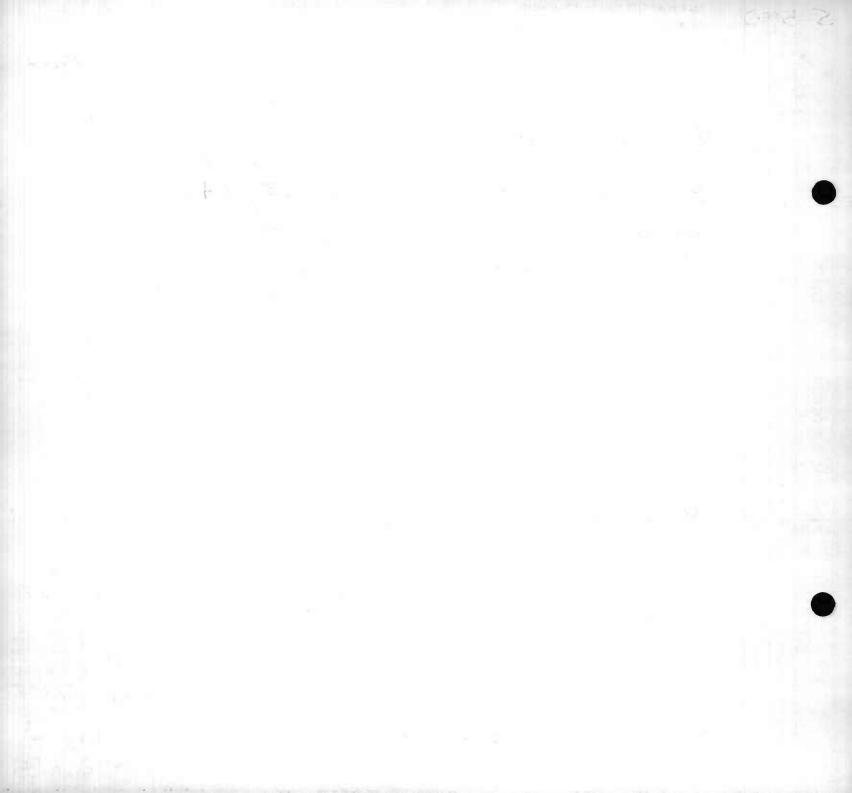
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ME OF PONT BIPMEN SON



ance on the death. Such	MRTH NO.  M.E. CASE NO.  1, NAME OF DECEASED (Type or Print)  El Sie  B. Holsey	CATE OF DEATH Registered No 2. DATE AND HOUR OF DEATH 10/31/67	67 10439
ce o	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. II in A. STATE B. COUNTY	stitution: residence before odmis
ndan o de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
prior 1	Bry Secours Hospitale	D. STREET ADDRESS (If rurol, give location)	20-0
0 0	5. SEX 6. RACE 7. MARRIED. NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In vegs	
regular eased is mad	Female While Whowed, DIVORCED (specif	1-1-90 77	If Under 1 Yr. If Under 24 Months: Doys Hours M
900	IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU		12. CITIZEN OF WHAT COUNTRY?
d d	13. FATHER'S NAME	Maryland.	USA.
disposition	lacob Matthews	Justineretia	7
0	15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
final	NO -	Chart. Hosp	6.
0	DISEASE OR CONDITION DIRECTLY	SE OF DEATH	ONSET AND DEAT
E	LEADING TO DEATH	Interioselerosis Cardio vas euler	MPAR
	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	Prterioselensis Cardio vas euler Di sease and Lougestive Heart Feulure	July.
	injury or complication which coused death.)  ANTECEDENT CAUSES (8)	Congestive Heart Feilure	
	DISEASES OR CONDITIONS, if ony, giving		00-10-00-00-00-00-00-00-00-00-00-00-00-0
	rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION tost.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	-	
		20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	400	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 B. PLACE OF INJURY (home, form, foctory, streetc.)	e.g., in or obout 21C. WHERE DID (II in Boltimore et, office bldg., INJURY OCCUR?	city, give exect location)
	OF IN LIEY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED		
	Work LJ AI	While Work	
	22. I certify that (1) (this hospital) attended the deceased from		1 .
	that (i) (we) lost saw the deceased alive on 10/3/	19 67 and that in (my) (our) opi	nion death occurred on th
	and hour and from the couses stated obave. (1) (We) (did) (dld r	ot) view the body ofter deoth.	23 B. DATE SIGNED
	do Pravocy M.D.	Attending Med. Stoff Phys. Director Phys.	10/3/167
	23C.PHYSICIAN'S NAME (Type)	M.D. Boy Secours Hosp	,
approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		ily, town, or county) (St
	REMOVAL (Specify)	Cen. 2 20	Bu : me
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS 90
	NUV 2 1967 Robert E. Farleyt	LE GAN / COWANTINN	ne Holling
	VS 150-REV. 1/1/65		23 mil.



BALTIMORE CITY HEALTH DEPARTMENT	0440
BIRTH NO.  67 10440 CERTIFICATE OF DEATH  Registered No.  67	3440
1. NAME OF DECEASED ( DN ) Pew   2, DATE AND HOUR OF DEATH	35
(Type or Print) Anthony J. Jiminski 10-26-67	5 3 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where decoosed lived, If institution: residence A. STATE  B. COUNTY	e before odmission)
FULL NAME OF (If not in hospital or institution, give street Md. City of Balt.	z/.
HOSPITAL OR Oddress or locotion) INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL and give	township)
D. STREET ADDRESS (If rurol, give location)	-05
Mercy Hospital 1318 Luzerne Ave.	
SEX 6- RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   If Under ) Yr.	
m WIDOWED, DIVORCED (specify) 1-12-00 lost birthdoy) Months Doys	Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN Of WHAT CO	
12 1- 20	5.A.
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME )	
JOHN SimiNSKi MARY ANN WISNIE	
JOHN Simin JSKi Mary ANN Wishie  15. Was Doceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  17. INFORMANT  ADDITIONAL SECURITY NO.  18. Was Doceased Ever in U. S. Armed Forces?  ADDITIONAL SECURITY NO.  ADDITIONAL SECUR	RESS
NO 316-01-9000 MRS. ANNAM. SimiNSK, 73	1. S. LUTER
18. CAUSE OF DEATH	VAL BETWEEN
DISEASE OR CONDITION DIRECTLY	AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, ostheria, etc. It means the disease, injury or compilication which covered doubt.)	ley.
heart failure, osthenia, etc. It means the disease, injury or camplication which coused death.)	
ANTECEDENT CAUSES (B) Conduct Course	
DUE TO	
rise to the obove cause (A) stoting the (C) Well Mystarway Grant	*************
UNDERLYING CONDITION 10 st. pass Pulmersy Infaction	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT. THE Special Some, Curtons of Such disabete Million	years.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONS	DERED
ACCIDENT WAS INDESTRING A COLUMN WAS INDESTRING A COLU	
U 27 A. ACCIDENT WAS UNDERLYING ☐ 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Boltimore City, give exact office bidg., INJURY OCCUR? etc.)  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Boltimore City, give exact office bidg., INJURY OCCUR? etc.)	l locotion)
OF INJURY	
Work At Work	
22. I certify that (this hospital) attended the deceased fram 10-25 1967 to 10-26	19 67
that (we) lost sow the deceased alive on 10 - 26 19 67 and that in (wy) (our) opinion death acc	urred on the date
and hour and from the causes stated abave. (1) (and (did) (and not) view the body after death.	
23A. SIGNATURE)  23B. DATE SIGN  M.D. Allending Med. Staff	
Phys. Diroctor Phys.	6-67.
NAME ITypel	
M.D.  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City. 10 wg. of county)	
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. lown, or count	(Stote)
SAL DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR   25C. EUNERAL DIRECTOR   1 AC	MD.
NOV 2 1967 R. D. & E. Farbura: 255C EUNERAL DIRECTOR / ACZOROWSKI	2525 D
\$ 150-REV. 1/1/65	FLEET

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OB AC	BALTIMORE CITY	HEALTH DEPARTMENT		137 10111
BIRTH NO. M.E. CASE NO.	0441 CERTIFICA	TE OF DEATH	Registered No.	67 111441
1. NAME OF DECEASED (Type or Print)  ANTHONY	1. DERINS	/ ()	0-25-6	1 1000 A.M.
3. PLACE OF DEATH IN BALTIMORE MARYLAN	D	4. USUAL RESIDENCE (Whe	re deceased lived. If inst	Itutian: residence befare admission)
FULL NAME OF (If not in hospital or insti HOSPITAL OR address ar lacation)	tution, give street	MARYLAN C. CITY OR TOWN (If ou	tside city limits, write RU	RAL and give township)
31 BALTIMORE (	0. // . /	BALTIM	ORE	1-00
	ITY MOSPITAL	609 S. C	URLEY	ST
	DOWED DIVORCED (specify)	6-8-1904	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, K) dane during most of working life, even if retired)		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
ENGINEER W.	VA. TAPERATULPE		LAND	11. S. A.
13. FATHER'S NAME	. / .	14. MOTHER'S MAIDEN NA.	-	
5. Was Deceased Ever in U. S. Armed Forces?	116. SOCIAL	MARY ANN A	DEBIN	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of se	SECURITY NO.		DEBINS	Li 609 S. CURL
1B. 2 - 1.0 Vm 5 21	CAUSE OF		- LEDINS	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0,	shosis of t	The Line	ONSET AND DEATH
(This does not mean the mode of dying,	0.9.,	mous of o	y swel	***************************************
heart loiture, asthenia, etc. It means the di injury or complication which caused death.		O		
ANTECEDENT CAUSES	(B)			######################################
DISEASES OR CONDITIONS, il ony,	giving			100000
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	g lhe (C)	***************************************		
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		name mark	lusema.	
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME U 21A. ACCIDENT WAS UNDERLYING	D		IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical exomine)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, offi etc.)	ar about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Baltimare (	City, give exact lacation)
21D. TIME (Month) (Day) (Year) (Hau	1) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Wark  Not While At Wark			
22. I certify that (I) (this hespital) atter	nded the deceased from	August	1967 to Oct	tober 14, 1967
that (1) (wa) last saw the deceased aliv	e on October 1	4, 1967 and th		on death accurred on the dat
and haur and from the causes stated ab	ave. (1) <del>(We) (did</del> ) (dld not) vi	ew the body after death.		
23A. SIGNATURE	M.D. Atten	ding Med.	Staff 2	3B. DATE SIGNED
Melity m. To	rnys	Director	Phy s.	10-27-67
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	E( ( ( ) )	ALTO MOZIZ
MELITO M. TORK	CES, M. D. M.D.	441 5.	ELLWOOD	AVENUE
REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA	240. 1	2.16	tawn, ar caunty) / (State)
25A. DATE REC'D BY HEALTH DEPT.   25B. N	AME OF REGISTRAR	25C SUNERAL DIRECTOR	Allimon	ADDRESS
NOV 2 1967 R	2 & Q . F. D. 40	0	KARTABALL	cki 2525 FIFET
VS 150-REV. 1/1/65	TOLU CI SICIAMENT AND	NAYMOND L.	THEZONOW.	// 0000 / 200/

Constrain of the June Perliment emphysioner October 14, 967 67 Cotedor 17 67 OMES SELECTOR ALEXAN Will so The MELITO M. TORRES M. D.

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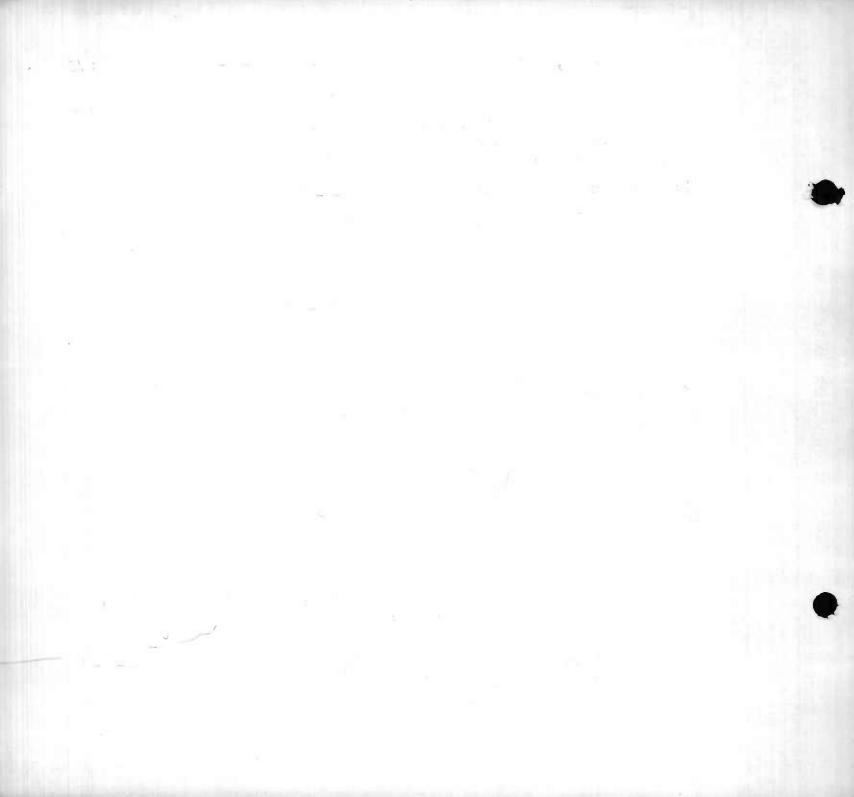
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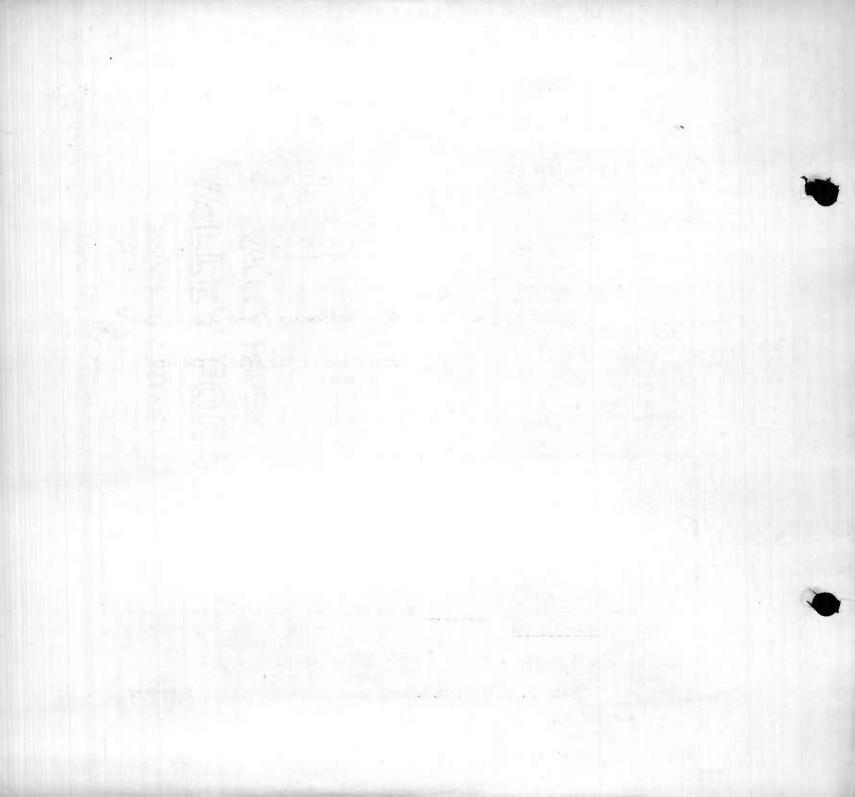
Weddon Feeren

Yohns Rosen, Harron

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11-6	20 00	ADAA	BALTIMORE CIT	Y HEALTH DEPARTMENT		67	10443
BIRTH NO.	07	1044	CERTIFICA	TE OF DEATH	Registered Na	• ———	
M.E. CASE NO	O. DECEASED			2. DATE	AND HOUR OF DEATH	H	
(Type or Print)	Myers, D	avid			10-30-67	1	E. IP A
3. PLACE OF	DEATH IN BALTIMORE MA			4. USUAL RESIDENCE (V		institution: res	sidence before odmis
FULL NAM HOSPITAL INSTITUTION	AE OF (If not in hospital of oddress or location	Hospita	1, Inc.	A. STATE 8. CO Maryland C. CITY OR TOWN (H) Baltimore	outside city limits, write	Ri To	MATE IN
- /	Baltimore	, Maryla	nd	2005 Ruxton	Avenue		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under	1 Yr If Under 24
Male	Negro		DIVORCED (specify)	30 - 1077	lost birthdoy)	Months	Doys Hours Mi
	CCUPATION (Give kind of work	Marri		12-5-67	82	12. CITIZ	EN OF
	st of working fite, even if retired)			III. BIRTHPEACE (Stole of	oreign Country)		T COUNTRY?
		Retir	'ed	Jamacia		b	nacia
13. FATHER'S	NAME			14. MOTHERS MAIDEN	NAME	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	homes 1	n	7	6/11. 104	1 7		
S Was Da	ased Ever in U. S. Armed Fore	lige	N SOCIAL	Myarcy	~ 3		ADDRESS
Yes, no or unkn	nown) (If yes, give wor or dote	s of service	SECURITY NO.	17. INFORMANT			ADDRESS
	NO	0		Edith- Wife			SAME
18.	3/1/		CAUSE	OF DEATH		ll ll	NTERVAL BETWEEN
DISEASES rise to UNDERLY  OTHER SI TO THE DISEASE 19A. DATE 21A. ACC	es not mean the mode of ure, osthenia, etc. It means complication which caused ANTECEDENT CAUSES  S OR CONDITIONS, if the obove cause (A) YING CONDITION lost.  IGNIFICANT CONDITIONS CEDEATH BUT NOT RELA OR CONDITION CAUSING I'VE	the discose, death.)  ony, giving stoting the ONTRIBUTING TELL TO THE T.  DITION FOR WORMED	HICH OPERATION	REBRAL HE  YERALIZED A  20A. AUTOPSY? Mds. or  100 or obout 21C. WHERE DIE  1016ce bldg., INJURY OCCUR	No) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS AUSES OF D	CONSIDERED EATH?
DEATH (n	notify medical examiner	etc.)					
OF INJUR			INJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		Work	e At Not Whi				
that (1) (	1) Hoan	d alive an	October 30, (We) (did) (did nat)	tending Med. Director 23D. ADDRESS	that in (my) (aur) as	23B. DATE	h accurred an the
	CREMATION, 24B. DATE	24C.NA	ME of CEMETERY or CR	12-1	//	City, town, or	county) (Sto
1200	111 11 326	1 00	fulles (	Du .	Lama	L.	me
SA. DATE RE	C'D BY HEALTH DEPT.	6 2 T	PREGISTRAR	25C. FUNERAL DIRECT	Parleon,	DIN B	ADDRESS Menther
'S 150-REV. 1	1/1/65						1







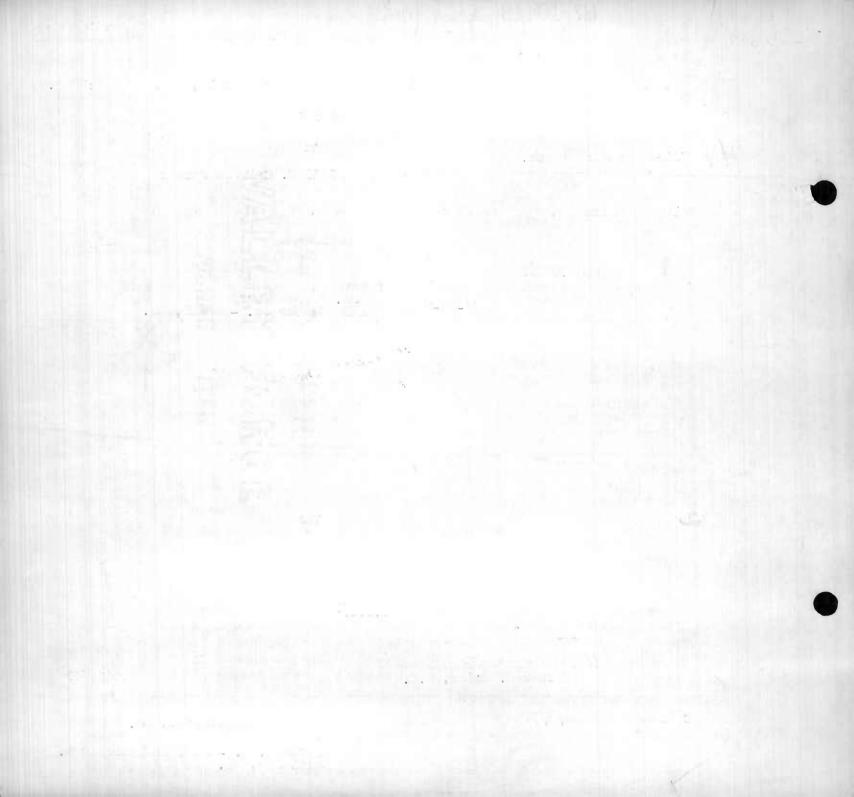
		67 1	LO446 BALTIMORE CITY HEAL	TH DEPARTMEN	IT			10
BIRT	H NO.	ME	DICAL EXAMINER'S CE	RTIFICAT	TE OF D	EATH Register	ed No.67	10446
M.I	CASE NO.							
1. I	NAME OF DECE	ASED			2. DATE AND	HOUR PRONOUNCE	D DEAD	
,	NORMAN		GUERIN	T. C.	Octol	per 23, 196	7   2	2:30 P. M.
	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESID A. STATE Mary]		B. COU	tution: residence NTY	before odmission
HO	L NAME OF SPITAL OR TUTION	ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET CATION)	C. CITY OR TOV		corporate limits, write	RUBAL ond giv	(e fo ynship)
Union Memorial Hospt.			D. STREET ADDI		ive location)			
			2613	N. Cal	vert Street			
5. S	EX 6	RACE		B. DATE OF BIRTI		9. AGE (In years		. If Under 24 Hrs.
	3607	Y71. 4	WIDOWED, DIVORCED (specify) DIVORCED	1/26/	29	lost birthdoy)	Months Days	Hours   Min.
104	Male	White	VORKING OF BUSINESS OR INDUSTRY			38	12. CITIZEN O	
		rking life, even if retire		LOUISA		country	WHAT CO USA	UNTRY?
13.1	ATHER'S NAME			14. MOTHER'S M	NELLIE I	TEDEDT		
		OLIVER GU	ERIN		NELLLE I	1E-DERI		
		EVER IN U.S. ARM f yes, give wor or d		Mrs. F 1		ry - Arabi, L	ADDRESS	
CERTIFICATION	(This does no heart failure, a injury or comp  AN DISEASES OF RISE TO THE UNDERLYING	OR CONDITION LEADING TO DEA t meon the mode sthenin, etc. If me. slicotion which couse ITECEDENT CAU R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAS	of dying e.g., ons the disease, ed deoth.)  SES ANY, GIVING STATING THE IT. (C)	stabl	y ve	al		
H	DISEASE OR	CONDITION CAUSE	NG IT.					
	19A, DATE OF		ONDITION FOR WHICH OPERATION PERFORMED	Ye	11	OB, IF YES, WERE FIN N CERTIFYING CAUS		
EDICAL	21 A. EXTERNAL UNDERLYING CAUSE	OR CONTRIB-	21 B. PLACE OF INJURY (e.g., i homo, form, foctory, street, o etc.)	ffice bldg., INJURY	VHERE DID (If	in Boltimore City, giv	e exoct locotion	1) ~
Σ	21D TIME ( OF INJURY (APPROX.)	Month) (Doy) (Y	(Hour) 21E. INJURY OCCURRED  WHILE AT NOT WORK AT W	WHILE	OW DID INJUR	Y OCCUR?		3 18 18
	22.				1.1.	1 1 1 1		
		R's We	causes Accident Suicide	Homici	de Un EDICAL EXA EDICAL EXA	MINER	r	ATE SIGNED 4/67
	BURIAL CREM		3/67	CREMATORY	23D. LO	cation (City,	town, or county	(Stote)
244	. DATE REC'D B	Y HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDR	ESS
	0.1	P3 3 1 10						

24B. NAME OF REGISTRAR
Robert E, Farkey M.S.

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.
NOV 2 1967

Witzke F. D. - 4101 Edmondson Ave. Baltimore, Md.

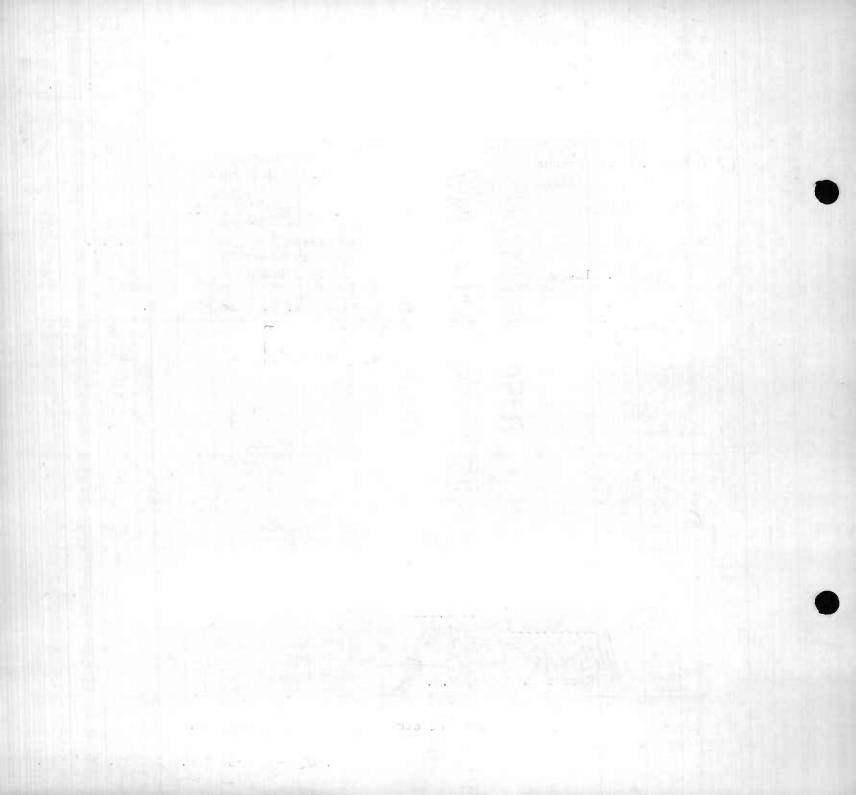


BIRTH NO.	67 1	0447 CERTIFICA	TE OF DEATH	Registered No	67 10447
M.E. CASE NO 1. NAME OF I (Type or Print)	DECEASED  Emma M. Eyer	(Mary E Mari	2. DATE A	ot. 30, 196	26 -
3. PLACE OF	DEATH IN SALTIMORE, MARYLA	ND	0 200 /	ere deceased lived. If	institution: residence before admission
HOSPITAL O	OR oddress or tocotion)	monon, give sheer	Baltimore		RURAL and give township)
00			D. STREET ADDRESS (1)	Street	
- SEX	Cauc.	ARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify) WIDOWED	8. DATE OF BIRTH 2/14/84	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 h Months Doys Hours Min
one during mos	CCUPATION (Give kind of work 10B. t of working lite, even if retired) Sewife	KIND OF BUSINESS OR INDUSTRY	MARYLAND	reign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S	Bowen		14, MOTHER'S MAIDEN N.	AME	
	sed Ever in U. S. Armed Forces? own) (If yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT Miss Mildre 3157 Leeds		ADDRESS
(This doe	EASE OR CONDITION DIRECTI LEADING TO DEATH s not mean the mode ol dyin via, osthenia, elc. It meons the camplication which coused deat	g, e.g., DUE TO	erioscherotic	C V. D.	INTERVAL BETWEEN ONSET AND DEATH
rise to UNDERLY	ANTECEDENT CAUSES OR CONDITIONS, if ony, the obove cause (A) stoliting CONDITION last.  Il GNIFICANT CONDITIONS CONTIDEATH BUT NOT RELATED	ng lhe (C)			
	OF OPERATION 198. CONDITION WAS PERFORM		20 A. AUTOPSY? (Yes or F	10) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	DENT WAS UNDERLYING CAUSE OF	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exoct location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Ho	While At Not While Work Not Work		JURY OCCUR?	
	ify that (1) (this hospital) att we) last sow the deceased oli	ended the deceased from ive on 0 A 30	A		of 30 19 6°
ond hour 23A. SIGN			ending Med.	Stoff Phys.	238. DATE SIGNED
23C.PHYSI NAM		und M.D.	3325 Freder	rick Avenum	
	CREMATION, 248 DATE LL (Specify) 11/3/67	Loudon Park		Baltimore,	City, town, or county) (State
5A. DATE RE	NOV 2 1967	Robert E, Farley M.	25C FUNERAL DIRECTO	2101 Edmond	dsob Ave.
S 150-REV. 1	/1/65		1	()	

1.150/11

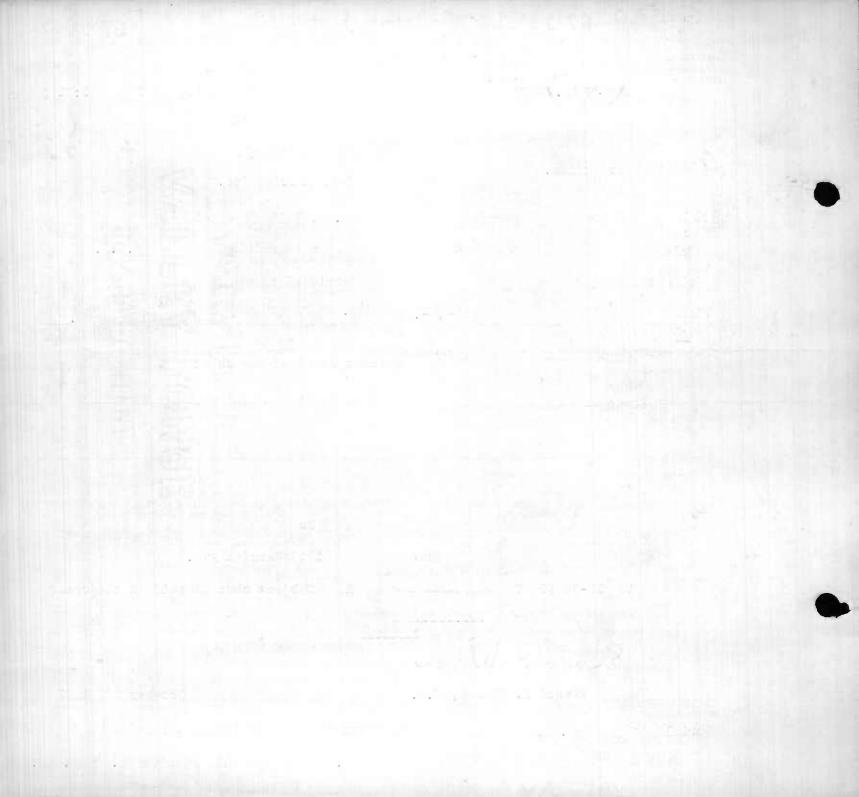
C-563 67 10	112	HEALTH DEPARTMENT	Pasterand Na	67 10448
M.E. CASE NO.	CERTIFICA	TE OF DEATH	HOUR OF DEATH	
Type or Print)				
CONRAD AN	NA	4. USUAL RESIDENCE (Where	deceased lived. If	767   10,30 P.
		A. STATE B, COUNT	Y	
FULL NAME OF (If not in hospital or instituti	on, give stieel	C. CITY OR TOWN THE OUTS	IND	
HOSPITAL OR oddiess or location)		C. CITY OR TOWN "(If outs	ide city limits, write	RURAL and give to any (ip)
9.		BALTIMO	DRE	10
NORTH CHARLES GEN.	HOSPITAL	D. STREET ADDRESS (If it		1
		643 5. 7	JELNOR.	
	WED, DIVORCED (specify)	1	AGE (In years	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	Trans	GERMANY		
HUUSEWIFE OWN	Home	14. MOTHER'S MAIDEN NAM		U.S.A.
LAURENCE HETZNE	ER	BARBAR 17. INFORMANT	A	
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.			ADDRESS
1/1)	NONE	NORTH CH.	ARCES 6	EN. HUSP. CHAR
118. 4 / 3 3 4 4	,	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0,000			ONSET AND DEATH
LEADING TO DEATH	(	O EREBRO- WASI	VIAD Acci	DENT & Days
(This does not mean the made of dying,	e.g., DUE TO	CEREBRO-WASO		/ / /
heart failure, asthema, etc. It means the disectinjury ar camplication which coused death.)				
	7.81	ASCVD		15years
ANTECEDENT CAUSES	DUE TO	* \$ * * * * * * * * * * * * * * * * * *	=======================================	
DISEASES OR CONDITIONS, if ony, giverise to the above cause (A) stoting				
UNDERLYING CONDITION last.	107			
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED			CERTIFIED C	COURT AL APPLIA
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimo	ore City, give exact location)
DEATH (notify medical examines)	etc.)	mes sing, marker occor.		
	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le 📉		
	Work At Work			
22. I certify that (1) (this haspital) attended	ed the deceased fram	10-23	9 6 / ta 1	0-31 196
that (1) we) last saw the deceased alive	on 10-31	19 6 7 and tha	t in (my) (aur) ap	ofnian death accurred an the a
and haur and from the causes stated above	e.(1) (We) (did not)			
23A. SIGNATURE	0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	,		238, DATE SIGNED
Micon F. MO	O. A. M.D. Att	ending Med.	Stoff Phys.	10-31-67
23C BHYSICIANG	Phy	23D. ADDRESS	Phys.	10-31-01
PHYSICIAN'S NAME (Type)		23D. ADDRESS	0 0 0	R
BENJAMIN H	IGHCTEIN M.D.	121 S. High	Land A	Ve. DACTIMORE
	. Oll 2 ici.			
	NAME of CEMETERY of CR	EMATORY 240. LO	CATION	City, town, or county) (State
REMOVAL (Specify)				
Burial 11-4-1967	Oak Lawn	Balt		nty, Maryland
Burial 11-4-1967			imote Cour	





	K-500) 000 10	BALTIMORE CITY	HEALTH DEPARTMENT		67 10450
BIR	11 NO. 0 0 0 1 1U	CERTIFICA	TE OF DEATH	Registered Na	07 10400
M.	E. CASE NO.	7	2. DATE AN	D HOUR OF DEATH	
	pe or Print)	April House		1-31-67	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	MACY HONNE	USUAL RESIDENCE (When	e deceased lived. Il insti	tution: residence before admission)
			A. STATE B. COUN	TY	
	FULL NAME OF (If not in haspital or institu	lion, give street	///ARV/AND		
	INSTITUTION		C. CITY OR TOYEN (If out	side city limits, write RU	RAL and give town stript
			DALTIMOR	2	60-41
	00 3714 Hillsdi	1/2 RI	D. STREET ADDRESS	rural, give lacation)	
	OU DIT ITIIIS	1/E / )a	3714 Hill	SOALE RO	
S.		RIED, NEVER MARRIED		9. AGE (In years	II Under 1 Yr. II Under 24 His.
1	emale lulite M	OWED, DIVORCED (specify)	Aug 2 1885	last birthday)	Months Days Hours Min,
107	LUSUAL OCCUPATION (Give kind al work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
dar	e during most al working lile, even if retired)		011		WHAT COUNTRY?
1	47 Home		BALTIMORE	0	USA.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	Aloune Caprie		MCC/a.	10101	
15.	Was Deceased Ever In U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	inan	ADDRESS
(Ye	s,na arunknawn) (If yes, give war ar dates al ser	SECURITY NO.		. ,	A 4
	No		Edward KruNA	211-119/fAII	Thorne Ave 8
_	1B. // ⊃ ∧ / )	CAUSE O	F DEATH	7	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		1 11	1. 11 A	ONSET AND DEATH
	LEADING TO DEATH	in (in	Tensi Selina	Ti Hes-	547
	(This does not mean the mode of dying,		00000	No.	
	hearl failure, asthenia, etc. Il means the dis injury ar camplication which caused death.)	eose,	0	Grewe	
	ANTECEDENT CAUSES	(B)			
		DUE TO		- The Control of the	
	DISEASES OR CONDITIONS, if any, g		i L		
	UNDERLYING CONDITION lost.	The (C)		0.000	
N	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING &	1-10-4	01	
ATIO	TO THE DEATH BUT NOT RELATED TO		almit arterio	Selerons	
CA		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		N <sub>A</sub>	IN CERTIFYING CAUS	ES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(II in Boltimore C	City, give exact location)
AL C	OR CONTRIBUTING CAUSE OF	home, laim, lactory, street, a	fice bldg. INJURY OCCUR?	the following the teaching to	, gre exect location/
U	DEATH (natily medical examiner)	etc.)			
ED	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ξ	(APPROX)	While At Not While Work At Work	e 🗌		1
			2 1	13 03	1-4-1-
	22. I certify that (I) (this hospital) attend	0 / /	0	96/10 00	19.6
	that (I) (**) last saw the deceased alive	an 6-7.30-	6 719 and the	at in (my) (o <del>ur)</del> aplni	an death accurred an the date
	and haur and fram the causes stated aba-	ve. (I) (We) (did) (did noi) v	iew the bady after death.		1
	23A. SIGNATURE			12	3B. DATE SIONED
	8.00 R1	M.D. Alle	ending Med. Director	Stoll	11/1/67
	Coul to Chamber		,	Phys.	11/1/0/
	23C. PHYSICIAN'S NAME (Type)	٨	23D. ADDRESS	IH O	All
	Eurl L. Cham	Ders - M.D.	4108 Liberty	13 / A	llo . Mel
		C. NAME of CEMETERY OF CRI		CATION (City,	lawn, ai caunty) (State)
24	A. BURIAL CREMATION, 248. DATE 2				
24	REMOVAL (Specily)	d 11 1 . 1	4 0	11 10 1	
	BURIAL 11-3-67	Athedral Con	etery BA	Lto Mal	
	BURIAL 11-3-67 Date Rec'd by Health Dept. 258. NA	Athedral Con	etery B	to Mal	ADDRESS
	BURIAL 11-3-67 R. DATE REC'D BY HEALTH DEPT. 258. NA	Athedral Con	2SC. UNERAL DIRECTOR	RMACOST-46	. 1 1 1111





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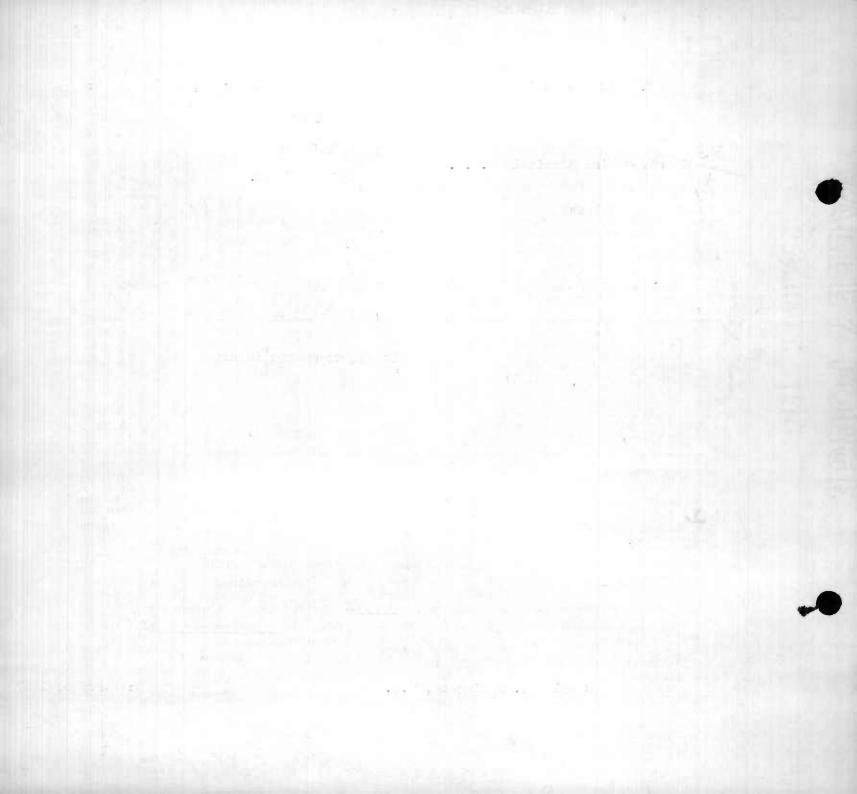
DIRECTOR:

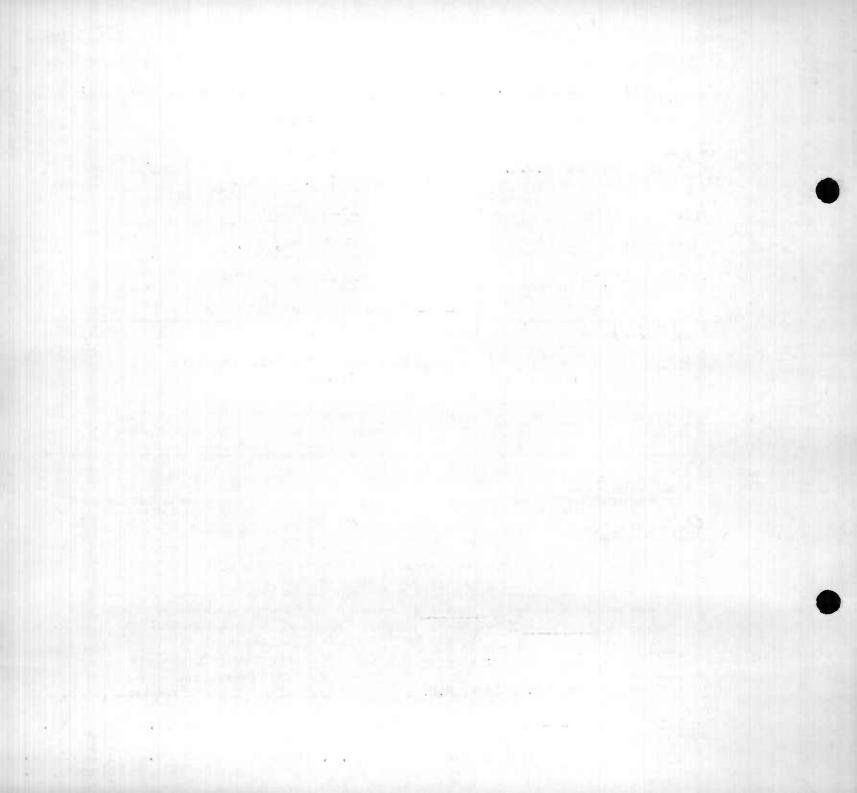
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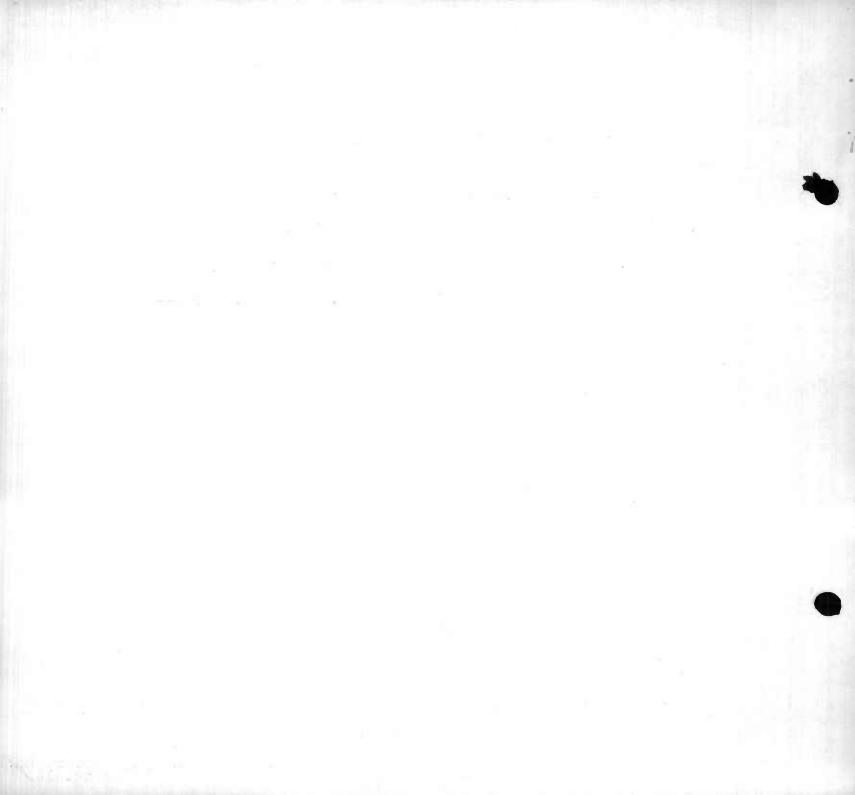


VS 151-REV. 1/1/65





1)-120	BALTIMORE CI	TY HEALTH DEPARTMENT		CM +DAES
RTH NO.	10455 CERTIFICA	ATE OF DEATH	Registered No	67 10455
N.E. CASE NO.	10100		HOUR OF DEATH	
PREDERICK	DeBUS		1, 1967	10:30 A
PLACE OF DEATH IN BALTIMORE, MARY		4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution: residence before admission
			1	
FULL NAME OF (If not in hospital or HOSPITAL OR oddress or location)	institution, give street	Maryland		
INSTITUTION		C. CITY OR TOWN (If outsi	ide city limits, write R	URAL ond give towardp)
4014 Walnut Ave.		Baltimore		210
7027 11021100 11101			rol, give location)	
00		4014 Walnut	Ave.	
Male White	Married, Never Married Widowed, Divorced (specify) Married	7/19/1898 10	AGE (In years est birthdoy)	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work )	B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or loreign	n country)	12. CITIZEN OF
ne during most of working lite, even if retired) ( ream lester	hesapeake Cream	nery Maryland	/	WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
John H. DeBus		C/. / ./ n		
0		Elizabeth Ben	nazar	
5. Was Deceased Ever in U. S. Armed Force es, no or unknown) (If yes, give war or dates	of service) SECURITY NO.			ADDRESS
No	216035627	Mrs. Bessie	J. DeBus-	- Same
1B. 15 1 VI	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION DIRECT	TIY			ONSET AND DEATH
LEADING TO DEATH	C	remountes	<i>1.</i>	2
(This does not meon the mode of d	ying, e.g., DUE TO	rcinomatose rcinoma and obably from p		<i>e</i>
heart failure, asthenia, etc. It means the	e diseose,		4	7
ANTECEDENT CAUSES	(8)	rcenowa and	plastic	0
	DUE TO		***************************************	
DISEASES OR CONDITIONS, if on rise to the obove cause (A) s	y, giving	Norteles Nome 12	mucres	
UNDERLYING CONDITION last,	iding life (C)	John James		
- 11	· · · · · · · · · · · · · · · · · · ·	/ //		
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING			
OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	D TO THE			
19A. DATE OF OPERATION 198, CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED
19 9 26 67 WAS PERFO	U U U U U U U U U U U U U U U U U U U	04	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING		in or about 21 C. WHERE DID	(If in Boltmare	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	W W Solyhore	ony, give exoct locollon,
21D. TIME (Month) (Doy) (Year)		21 F. HOW DID INJU	RY OCCUR?	
(APPROX.)	White At Not Will At Work	nile		
22 1			17 11	
22. I certify that (1) (this hospitel)			6/10/11/	19 🙅 🖊
that (1) (we) lost saw the deceased			rin(my) <del>(our</del> ) apin	ion deoth accurred on the d
and hour and from the couses stated	l obove. (1) <del>(We) (dtd)</del> (did not)	view the body ofter deoth.		
23A. SIGNATURE	0.0	<del></del>		23B, DATE, SIGNED
I faul & much			toff	11/1/17
23C. PHYSICIAN'S		23D. ADDRESS	hy s.	11/1/61
NAME (Type)	=0	. 0 1	: D1	a stone
11.0	ER M.C	0111	is rec	Ballo Me
REMOVAL (Specify)	24C. NAME of CEMETERY OF C			y, town, or county) (State
Burgal 11/4/67	Parkwood (eme	tery Bal	timore, Mi	aryland
A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NOV 2 1967 P. A.	0 7.0		luck Inc.	5305 Harford
1001 (Charles	E. Jake A.			Balto. 14



7-430 07 1	BALTIMORE CITY	HEALTH DEPARTMENT		67 10456
BIRTH NO.	0456 CERTIFICA	TE OF DEATH	Registered No.	01 20 20
I, NAME OF DECEASED			ND HOUR OF DEATH	
Type of Print) Harry E.	Floutt	Octo	ber 31,19	67 1 11:15 A
PLACE OF DEATH IN BALTIMORE, MARYLAN	D	14. USUAL RESIDENCE (Wh	ere deceased lived. If i	nstitution: residence before admission
		A. STATE B. COU	NTY	
FULL NAME OF (If not in hospital or insti	tution, give street	IIId.		
INSTITUTION		// / .		RURAL and give township)
HL11. M. 111	/	Baltimore		21-0
14 Union Memorial Ho	spital		f ruiol, give location)	
		3202 Derk	shire Road	
9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
mala	arried	8-14-1898	69	
A. USUAL OCCUPATION (Give kind of work 108, KI		11. BIRTHPLACE (Stole or for		12. CITIZEN OF
one during most of working life, even if retired		D 11:	MJ	WHAT COUNTRY?
Ret. Stationery Engi	neer	Baltimore,	, ///a.	UST
FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Clifton A. Floutt		Emma M. My	iers	
Clifton A. Flautt Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of se	security No.	14 14 (	7/	
yes WW1		Mrs Mary E.	flautt	same
18. 42011	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			/ -	+ *
LEADING TO DEATH	(A)	monary Oca	o (wion	Tem minutes
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di				
injury ar complication which caused death.		nany Artery I	)	3 years
ANTECEDENT CAUSES	(B) Caro	nary pyring V	100000	D gears
DISEASES OR CONDITIONS, if ony,	001 10			
rise to the obove couse (A) stoting				
UNDERLYING CONDITION IOSI.				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPSY? Wes or N	IN CERTIFYING CA	FINDINGS CONSIDERED
		100		
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg. INJURY OCCUR	(If in Boltimo	re City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (House	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY	While At Not Whil			
(APPROX.)	Work At Work			A X / C-
22. I certify that (I) (this hospital) offer	nded the deceosed from	Vane	1964 10	Dolaban 19 6
that (I) (We) lost sow the deceased oliv	1000000	26 19 67 and	hat in (my) (Amalan	inion death occurred on the d
				THICK GOOT OCCURRED ON THE D
and hour and from the causes stated ob	ove. (I) (We) (did) (did nat) v	iew the body ofter deoth.	•	
23A. SIGNATURE				23B. DATE SIGNED
104 11/4 M	meman M.D. Atte	ending Med.	Stoff Phys.	10/3//67
23C. PHYSICIAN'S		23D. ADDRESS	01 1	
NAME (Type)	Simmorman M.D.	3202 Xarvo	and Rd K	IT MI
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1777777	Challe A	ma jus Re	al limere, rea
4A. BURIAL CREMATION, 24B DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CRI	MATORY 24D.		City, town, or county) (State)
burial 11-3-67	Woodlawn Como	tery 1	Baltimore,	Md.
	AME OF REGISTRAR	25C, FUNERAL DIRECTO	R	ADDRESS
NUV Z 1967 (20 15	8 stallenne	Leonard J	· Ruck . In	ac Baltimore, Ma
TOO TOO WELL	C, CLOSOF MI			,
S 150-REV. 1/1/65	7 11 7 7 14		}	

5 N N N N ,

M-6	35	014 108	BALTIMORE CITY	HEALTH DEPARTMENT		67 10457
BIRTH NO.		67 104	57 CERTIFICA	TE OF DEATH	Registered Na	01 10100,
M.E. CASE NO		/			ND HOUR OF DEATH	. 25/
(Type or Print)	(1/ppm)	185 / MA	2 introl	11-1	1-67	1639
3. PLACE OF E	DEATH IN BALTIA	AORE, MARYLAND	T/. [.]/. Y	4. USUAL RESIDENCE (Wh	ere decreosed lived. If ins	litution: residence before odmiss
				A. STATE B. GOO	NTY 2 1 6 468	
FULL NAME	R oddress	n haspital or institution or location)	, give street	C. CITY OR JOWN (11 0	SAITIMO C	(10.4)
INSTITUTION				C. CITT OK TOWN AIL O	HOE limits, write K	URAL ond ging targaship)
40.				D. STREET ADDRESS ()	Miol, give location)	01 01
MAHI	and (2	ENEM HOS	soital	12/25/	Edonos	Et Load
5. SEX	6. RACE		/	B. DATE OF BIRTH	C447 C10	MOACC
ALO IS		· WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
171410			med	9-14-95	34	
	CUPATION (Give ) of working life, ever		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
0/84	-K	1340	) KR	MARY	mych.	United Sta
3. FATHERS N	AME	,		14. MOTHER'S MAIDEN NA	AME	I Compiler Sin
Use	- Man	ton		ELINA D	ChESNE.	
7/7/	sed/Ever in U. S.	1 / / y	1 6. SOCIAL	17. INFORMANT	Money	ADDRESS
Yes, no or unkno	whilf yes, give v	wor or dotes of service	SECURITY NO.	Carlos Coult had want	27	
Yes	WV	V 2	705-03-1191	Mrs. Marie E.	Martin	(Same)
1B/ =	20-/1		CAUSE O	F DEATH		INTERVAL BETWEEN
DISE	ASE OF COND	ITION DIRECTLY	4			ONSET AND DEATH
	LEADING TO		(A) Coy	nay tumi	(oses)	
		mode of dying, e.g	DUE TO			
		h caused deoth.)	0.1			
	ANTECEDENT	CAUSES	10/	recordent		
DISEASES	OR CONDITIO	ONS, if any, givin	DUE TO			1000
rise lo	the obove co	use (A) sloting th		-0.000 wirw 0.00 0.00 0.00 w.h.: 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0		
UNDERLYI	NG CONDITION	l losi.				
7	11					
OTHER SIGNOTHER	DEATH BUT	DITIONS CONTRIBUTION OF RELATED TO T	NG THE			
DISEASE C	OR CONDITION C	AUSING IT.		Too A Attaches (V	L.1. 228 III VES	
E IVA. DATE	OF OPERATION	198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes of N	IN CERTIFYING CAU	ISES OF DEATH?
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SA. DATE REC	D BY HEALTH C		OF REGISTRAR		R	ADDRESS
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	UTION	, cuitorii		)		RURAL and give township)
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S. Was	Richard /	ranklin Bro	6. SOCIAL	Hattie Burto	n.	ADDRESS
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FUNERAL DIRECTOR: IMPORTANT

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BIRTH NO. 67 10459 BALTIM	ORE CITY HEALTH		Registered No	67 1	0459
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  STEPHEN, NELL P	II TOXTE O	2. DATE A	EMBER 1,		12:15P,
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUA	L RESIDENCE (WH	ere deceased lived. If		
FULL NAME OF HOSPITAL OR INSTITUTION (II not in hospital or institution, give street oddress or location)  ST. AGNES HOSPITAL	BAL	YLAND OR TOWN (IF o	utside city limits, write	Ba e RURAL ond give	24 C., a township) 3-60
40 SI. AGNES HOSPITAL			AVE. 2122		
FEMALE WHITE 7. MARRIED, NEVER MARRIED WARRIED WARRIED	6/28	/16	9. AGE (In years loss bighdoy)	If Under 1 Y Months Doy	r. If Under 24 Hrs Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working life, even if retired)  HOUSEWVFE/ Agent  Rea1 Estate S	Sales SOU	TH CAROL	INA	12. CITIZEN WHAT C	OUNTRY?
m OSCAR PARRIS		MENT INE	MART IN (PA	RRIS)	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor dotes of service)  NONE	CT		SPITAL RE		DRESS
NONE NONE 248-14	-8326 SI .	AGNES TO	STITAL KE		RVAL BETWEEN
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	in laft	intens	Cartia	galw	ui
DISEASE OR CONDITION CAUSING IT.	ION [20A. 4	UTOPSY? (Yes or h			
WAS PERFORMED			10) 20B. IF YES, WER	E FINDINGS COL	NSIDERED IH?
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OR CONTRIBUTION COLUMN OF	URY (e.g., in or obout , street, office bldg.,	O 21 C. WHERE DID	(If in Boltim	AUSES OF DEAT	rH?
OR CONTRIBUTING CAUSE OF CAUSE	JRRED Not While At Wark  Fram OCTOE  BER 1 19  did nat) view the	21C, WHERE DID INJURY OCCUR? 21F. HOW DID IN BER 19 67 ond a	IN CERTIFYING C	OVEMBER	TH?  1 19 67  Courred on the do
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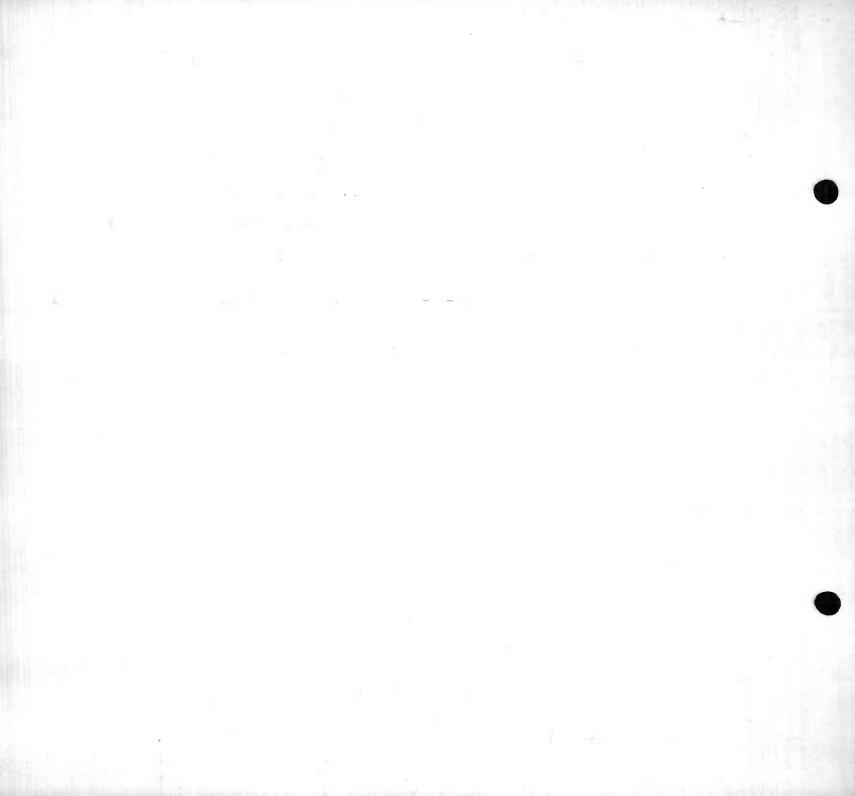
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REMARKS TO MOTA CAMES WORK AND CONTRACT OF LINES.

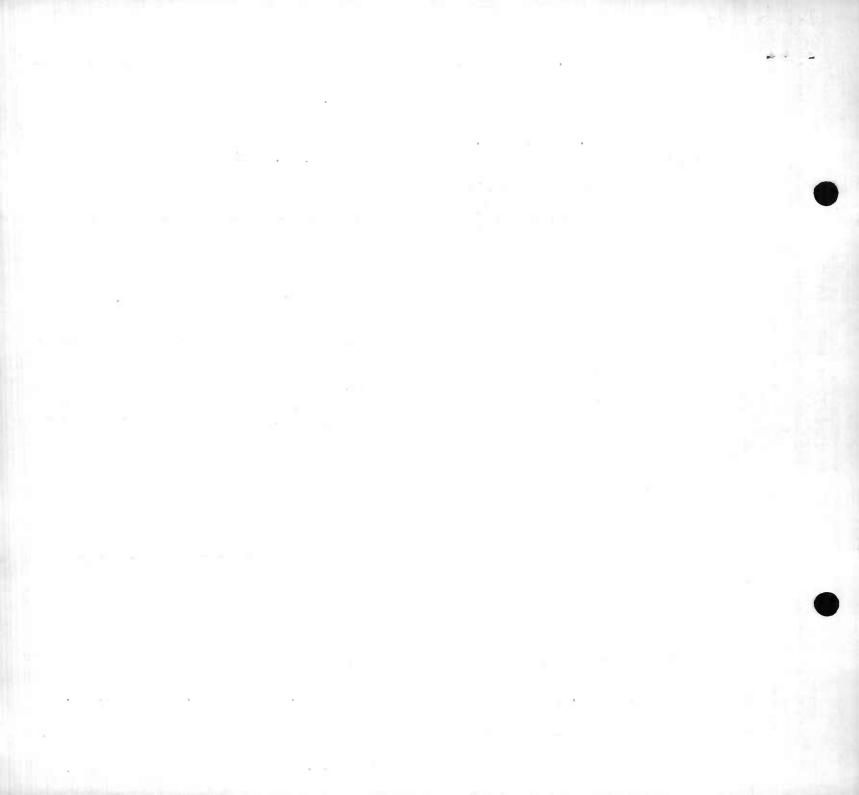
Whate Kie Functoring 16/00/2/5 Provide All-Morrison Inches Commence 1 Color A.S C.V.D Dancter Meure Sagarette 1:0/02 60 25/09 July 10/26 60 20/01/26 10/ a hospital and

	AME OF DECE	Rudolph		Chovanec	2. DATE A	tober 29, 19	967
FU	ULL NAME OF		or institution,	give street	Maryland	INTY	nstitution: residence before admis
HOSPITAL OR oddress or locotion)				- 5	Baltimore	outside city limits, write	RURAL ond give township
6	10 Lak	e Drive Nurs	ing nom	8	D. STREET ADDRESS (I	f rurol, give locotion)  Street	
SE	Male	White	WIDOWED	NEVER MARRIED  D. DIVORCED (specify)  dowed	8. DATE OF BIRTH Aug. 12, 1875	9. AGE (In years lost birthday) 92	If Under 1 Yr. If Under 24 Months Doys Hours Mi
ne e		PATION (Give kind of work orking lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
3. F/	Anthon		ec		14. MOTHER'S MAIDEN NA	AME	
		Ever in U. S. Armed For (If yes, give wor or dote		16. SOCIAL SECURITY NO. 219-54-3572	17. INFORMANT Mrs. Ida Camp	panella same	ADDRESS  address as #3
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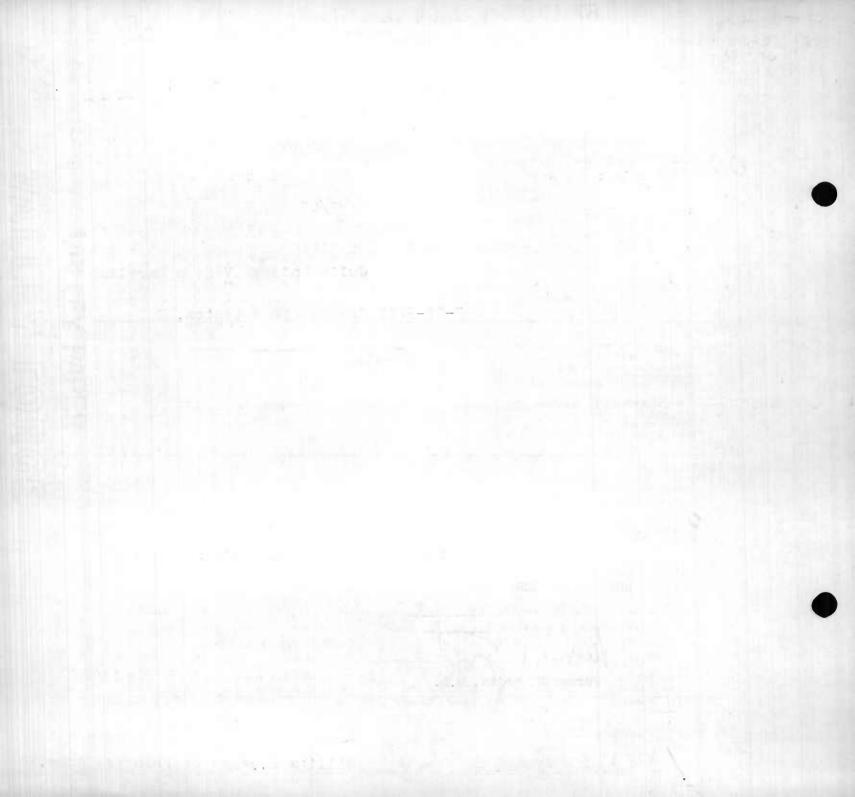
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Dec 14.1 0 1967 V\$ 150-REV. 1/1/65



M.E. CASE NO.  1. NAME OF DECE. (Type or Print)	ASED			TE OF DEATH	AND HOUR OF DEAT	TH / 7 .	155
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Notitution				Baltimo		o RORAL OIL	6-0
00	422 N. Robi	nson St			(If rurol, give location)		
00				422 N.	Robinson		
	6. RACE		NEVER MARRIED  DIVORCED (specily)	8. DATE OF BIRTH	9. AGE (In years lost birthdox)	If Under 1 Months: D	Yr. If Under 24 loys Hours Mi
Female	White	Divo	rced	July 19 1885			
	PATION (Give kind of work orking lile, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZE WH A1	N OF COUNTRY?
Housewi			Home	Indiana			USA
3. FATHER'S NAM	E	17/1		14. MOTHERS MAIDEN N	AME		
	Joseph Willi	.8		Sarah 1	Murray		
	Ever in U. S. Armed Fore		1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	ADDRESS
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OR CONTRIBUT	T WAS UNDERLYING THE	hom etc.)	e, form, loctory, street, o	lfice bldg., INJURY OCCUR?		,, g	
0	(Month) (Doy) (Year)	(House 215	INJURY OCCURRED	21F. HOW DID II	MILLEY OCCUPS		
S OF INJURY	(Wolling (Doy) (Veol)		ile At Not Whil		NJORT OCCOR:		
(APPROX.)		Wor	rk At Work				
22. I certify t	hat (1) (this hospital	attended tl	he deceased fram		1962 to	10/31	19 6
that (I) (we) I	ast saw the decease	d alive an	10/17	19.6 / and	that in (my) (aur) a	pinian death	accurred an the
		ed abave. (I	) ( <del>We)</del> (d <del>td) (did not</del> ) v	view the bady after death	٦.		
23A SIGNATUR	E 5 7 1 1	1				23B. DATE	SIGNED
Xan	ist Kell	rult	M.D. Atte	ending Med.	Stoll Phys.	101	31/6
23C. PHYSICIAN	rs pel			23D. ADDRESS			
	Louis F. Kli	mes	M.D.	2623 E. Mo	nument St.	Baltimon	ce, Md.
AA. BURIAL CREM		24C. NA	AME of CEMETERY OF CRI	EMATORY 24D.	LOCATION	(City, town, or	county) (Stot
Burial	11-1-67	7 Lo	oudon Park Cen	netery	Baltimore,	Marylar	d Balto.
SA. DATE REC'D		1 1 1 1	F REGISTRAR	25C. FUNERAL DIRECT			1420 AESS
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31	OV 3 1967	P. Du. B	2 Farbers	WILL. John	son 8521 Lo	cn kaver	1 Blvd.



MEDICAL EXAMINERS CERTIFICATE OF DEATH Registered No.  MAL CASE NO.  I, NAME OF SECENSE  PRANK  AND OCTODEY 27, 1967  A 5150 A.  STACE IN HALTIMORE MARILAND, WHEEL PRONOUNCED DEAD  SMITH'S BOAT YARD  SMI		67 10	BALTIMORE CITY HEA	LTH DEPARTMENT		67 10463
LANAM OF DECEASED   TARIES	BIRTH NO.	MEDI	CAL EXAMINER'S C	ERTIFICATE OF	DEATH Registered	No. 10403
TRANK  TACK! IN SALTIMORE, MARYLAND, WHERE FRONDUNCED DEAD  TACK! IN SALTIMORE, MARYLAND, WHERE FRONDUNCED DEAD  TACK! IN SALTIMORE, MARYLAND, WHERE FRONDUNCED DEAD  TO ALLE VARIAGE  TO ALLE VARIAGE  SMITH'S BOAT YARD  SMITH'S BOAT YARD  6211 Pennington Avenue  SEE  SEE  SACE  NORTH NORT	M.E. CASE NO.					
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1. LASAL RESONCE (IN SALIMORE, MARTLAND, WHISE FRONDUNCED CADE  THE NAME OF ADDRESS OR LOCATION)  Smith's Boat Yard 6211 Pennington Avenue  Site Male  Negro  LASSE ADDRESS or LOCATION  SMITH'S BOAT YARD 6211 Pennington Avenue  LASSE ADDRESS OR LOCATION  Normal Court of the Martland of well-loc RND of Business or Industry  Boet Yard 6211 Pennington Avenue  LASSE ADDRESS of Word RND of Business or Industry  Male  Negro  LASSE ADDRESS OR LOCATION  Normal Court of Business or Industry  LASSE ADDRESS OR LOCATION  Normal Court of Business or Industry  LASSE ADDRESS OR CONDITION A SERVED FORCES?  The ADDRESS OR CONDITION AND PREATING THE COLOR OF BUSINESS OR INDUSTRY  LASSE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASSE OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASTE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASTE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASTE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASTE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASTE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASTE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASTE ADDRESS OR CONDITION AND PREATING THE BUSINESS OR INDUSTRY  LASTE ADDRESS OR CONDITION AND PREATING THE BUSINESS O	(Type or Print)		MADDOV	Octo	how 27 1067	. 4. EO D
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Smith's Boat Yard 6211 Pennington Avenue  5.558   6. RACE   MARKED NEVER MARKED   6. DATE of BRITH   6/23/03   6/4	FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland		
Smith's Boat Yard 6211 Pennington Avenue 5.58% 6. RACE Male Negro 10. University Display of the Market Display	HOSPITAL OR	ADDRESS OR LOCA	(TION)	C. CITT OR TOWN (If ours	side corporate limits, write KU	IRAL and give lownship
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S. SER    S. RACE	Smith's	Boat Yard		D. STREET ADDRESS (If rue	rol, give location!	
S. SER    S. RACE	6211 Pe	nnington Aven	ue.	6211 Pennin	oton Avenue	
Male Negro    Months   Negro   Months						Under 1 Yr. If Under 24 Hrs.
DOE TYPE STORMER BY ANY COUNTRY  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not meen the mode of dring a.g., injury or completion which coursed death, most and the country of the DEATH BY AND COUNTRY  DISEASE OR CONDITION, IF ANY, GIVING  NOTHER STORMER STATING CONDITION, STATING THE  TOTAL DISEASE OR CONDITION LAST.  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSING TO  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSES OF DEATH.  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSES OF DEATH.  TO THE DEATH BY NOT RELATED TO THE  DISEASE OR CONDITION CAUSES OF DEATH.  TO THE DEATH BY NOT RELATED TO THE  DISE					lost birthdoy) N	
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BOET YEARD    A. MOTHES NAME			10B. KIND OF BUSINESS OR INDUSTR	Y 11. SIRTHPLACE (State or for	reign country)	
13. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL   17. INFORMANT   ADDRESS   18. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL   17. INFORMANT   ADDRESS   18. SOCIAL   18			Renewing bents	36		15
The part of the party of the pa			Sher Tith Dougs	14. MOTHER'S MAIDEN NA	ME	OSA
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OF INJURY (APPROX.) UNK  UNK  UNK    Control	Y 71445			6211	Pennington Aver	nue
I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death In my opinion resulted from: Notural couses Accident X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S Warner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER X 10/28/67 NAME (Type)  23A. BURIAL CREMATION, 23B. DATE P3C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)  Birial II/2/67 Grace Verten Maryland  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	OF INJURY	(Month) (Doy) (Year			IJURY OCCUR?	
I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death In my opinion resulted from: Notural couses Accident X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S NAME (Type)  23A. BURIAL CREMATION, 23B. DATE P3C. NAME of CEMETERY or CREMATORY PAGE OF THE PAGE		UNK	UNK WORK AT W	WHILE X UNK		
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 10/28/67  23A. BURIAL CREMATION, 23B. DATE PROVAL (Specify)  BURIAL TIPLE ASSOCIATE MEDICAL EXAMINER 10/28/67  23A. BURIAL CREMATION, 23B. DATE PROVAL (Specify)  BURIAL TIPLE ASSOCIATE MEDICAL EXAMINER 10/28/67  23D. LOCATION (City, town, or county) (Stole)  Verten Maryland  24C. FUNERAL DIRECTOR ADDRESS	22.	tify that I held on I	nquiry Inspection X Au	topsy ond that on	this bosis, deoth in my d	plnion
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 10/28/67  EXAMINER'S NAME (Type)  Wirler U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 10/28/67  23A. BURIAL CREMATION, 23B. DATE P3C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) (Stote)  Burial II/2/67 Grace Verten Maryland  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	resul	ited from: Notural con	uses Accident X Suicid	le Homicide	Undetermined monner	
SIGNATURE EXAMINER'S NAME (Type)  Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER 10/28/67  ASSOCIATE MEDICAL EXAMINER 10/28/67  Burial Cremation, 23B, Date 23C, Name of Cemetery of Crematory 23D, Location (City, town, of county) (Stote)  Burial 1/2/67 Grace 24C, Funeral director Address		1110		CHIEF MEDICAL I	EXAMINER	
EXAMINER'S NAME (Type)  23A. BURIAL CREMATION, REMOVAL (Specify)  Burial  21/2/67  Crace  24A. Date REC'D BY HEALTH DEPT.  24B. NAME OF REGISTRAR  24C. FUNERAL DIRECTOR  ASSOCIATE MEDICAL EXAMINER   23D. LOCATION (City, town, or county) (Stote)  Verten Maryland  24C. FUNERAL DIRECTOR  ADDRESS			3 h mit			DATE SIGNED
REMOVAL (Specily)  Burial II/2/67 Grace  Venten Maryland  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS						10/28/67
Burial II/2/67 Grace Venten Maryland 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS			PSC. NAME OF CEMETERY	or CREMATORY 23D.	LOCATION (City, tov	vn, or county) (Stote)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS		TT/2	67 Grace	7	Verten Maryla	and
NOV 3 1967 O C. A. & Fallents William H. James Jr Princess Anne. M	Marie Town Company of the Company	BY HEALTH DEPT.	9			
MATTIME III AT TOWN AT TO A STATE AND	N. N	OV 3 1967 (	Robert E. Fallenna	William H.	James Jr Pri	incess Anne, Mo



1	IRTH NO. 67 104	164 CERTIFICA	TE OF DEATH	Registered Na.	67 10464
	A.E. CASE NO. .NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
0	Type or Print) LINDA HARRIS		Octo	BER 30, 196	7 1:05 PM.
3	PLACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived. If insti	tution: residence before admission)
	FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION	, give street	MARYLAND C. CITY OR TOWN (If out	side city limits, write RU	Balts. Co
	CHURCH HOME & HOST	PITAL	BALTIMORE		53-00
	35		D. STREET ADDRESS (IF , 27 FULL	rural, give location)  LER AVE.	
5	WIDOW	D, NEVER MARRIED ED, DIVORCED (specily)	B. DATE OF BIRTH Only 22,1916	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
-	6A. USUAL O CCUPATION (Give kind of work 10B, KIND	ARRIGO DE BUSINESS OR INDUSTRY			12. CITIZEN OF
c	ane during most of working lite, even it retired)		A A A A A A A A A		WHAT COUNTRY?
1	3. FATHER'S NAME	rtins	MARYLAN  14. MOTHER'S MAIDEN NAM		U.S.A.
	THEODORE FLATT		Augusta	GELBERT	
1	5, Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(II yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No -	216-07-2454	MELVIN H	ARRIS 2	FULLER AVE
ľ	18. 2 3 / X I	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITIONS.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	e (C)	,		
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	10 CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
	OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in ome, lorm, factory, street, of c.)	or about 21C. WHERE DID ince bidg., INJURY OCCUR?	(11 in Boltimore (	City, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21 OF INJURY	Vhile At Not While At Work		URY OCCUR?	
	22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated obave.  23A, SIGNATURE	OCTOBER 30	19 67 ond the lew the body after death.	2	an death occurred an the date
ı	Corara T. Vergara	M.D. Atte	s. Director	Stoff Phys.	October 30 67
	23C.PHYSICIAM'S NAME (Type) CORAZON Z. VERGA	RA M.D.	CHURCH HOM 100 N. BROADI	LE & HOS PI	TAL MORE MD. 2131
1	4A. BURIAL CREMATION. 24B. DATE 24C. REMOVAL (Specily)	NAME of CEMETERY OF CRE	MATORY 24D, LC	CATION (City,	town, or county) (Statet
2	31011 0	Zion Lutheran ( OF REGISTRAR  2. Fachuna	Cemetery G	olden Ring	Balto. Md. ADDRESS 3 4
L	\$ 150-REV. 1/1/6\$	G. Markey Mark	1 arresalmo	uneral Non	ar 19 0 10 Mary Podd

4.1

FERRAL WAITS BARRIED YOUNG TO THE ST Section of the second TREBUSE THEOREMS FLATT MELVIN MARRY 27 PLILER -

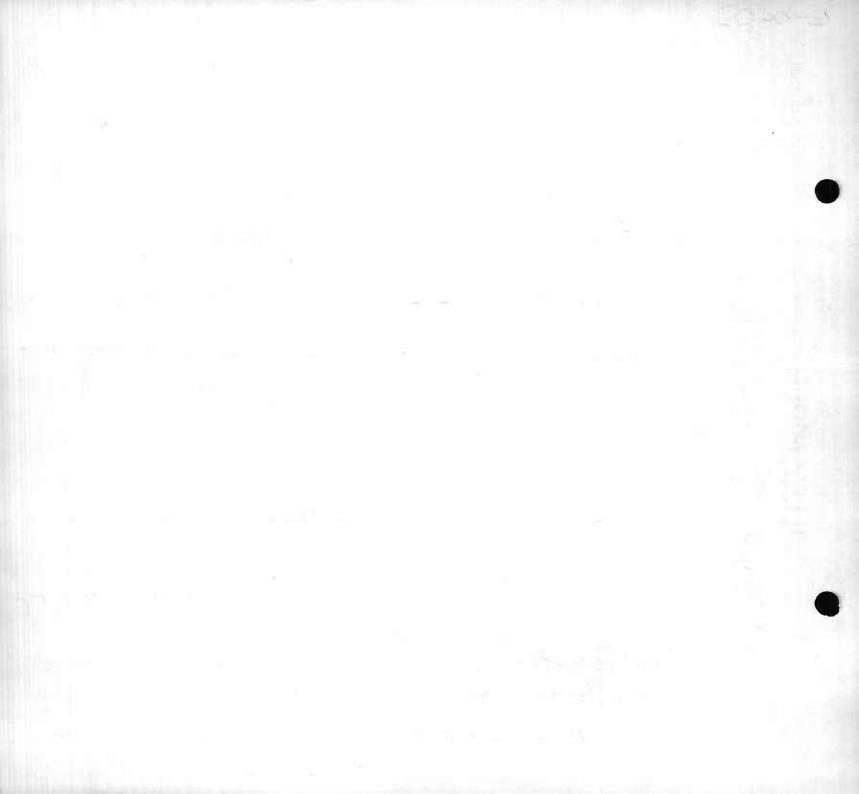
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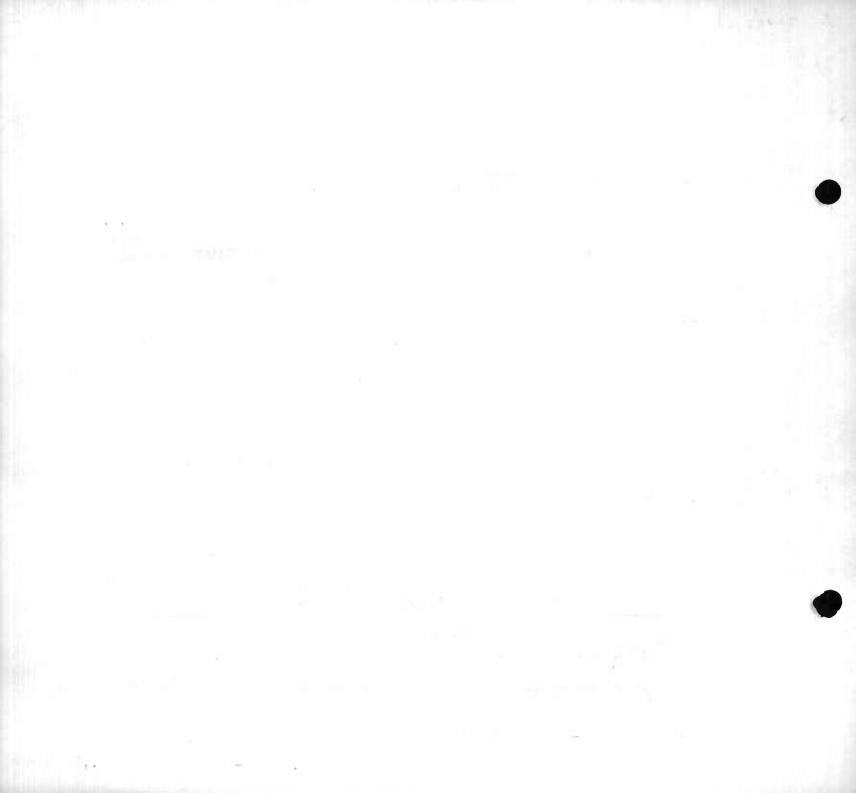
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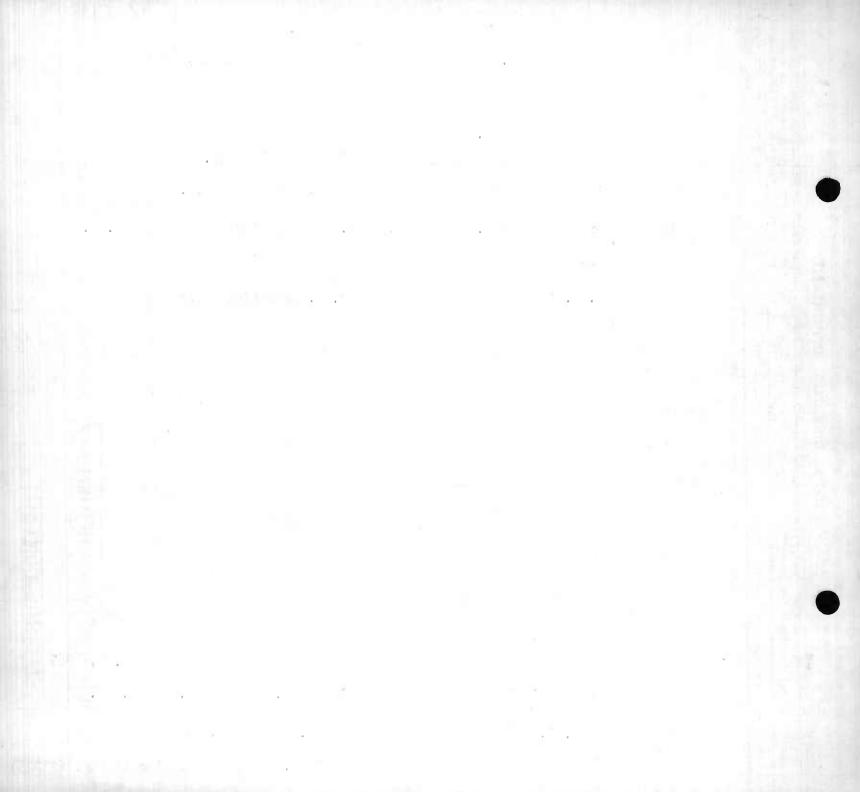
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VS 150-REV. 1/1/65

	07 400	BALTIMORE CITY	HEALTH DEPARTMENT		67 10466
BIF	RTH NO. 67 104	CERTIFICA	TE OF DEATH	Registered Na	07 10400
1	E. CASE NO. NAME OF DECEASED			ND HOUR OF DEAT	H
(T)	ype or Print) HELEN G. CL	INE		ober 30, 1	0.1
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	ere deceosed lived. If	institution: residence before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street	MARKU	AND - BAL	70.
	HOSPITAL OR address or location)		C. CITY OR TOWN (If ou		
	PRANKLIN SAL	IRE HOSPINE	BALTE	)	50.0.
	36		D. STREET ADDRESS (III	rurol, give locotion)	57.
5.	I// WIDT	RIED NEVER MARRIED  OWED, DIVORCED (specify)  EPARALED	B. DATE OF BIRTH July 3, 1892	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
10.	A. USUAL OCCUPATION (Give kind of work 10B, KIN			eign country)	12, CITIZEN OF
	ne during most of working life, even if retired) Housewife		MARYLAM		WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA		200
	JOHN HAYDEN		MARTHI	FREDE	RICKS
15.	. Was Deceosed Ever in U. S. Armed Forces? es,no orunknown)(If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT	_	ADDRESS
	No	SECURITY NO.	CHARI		
	1184 / 50 / 4 / 3 / 5 / 5	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	,	TATAICII AD	EIRALLI	ONSET AND DEATH
	LEADING TO DEATH	1.67	ENTRICULAR	11/14 6 610	1194 45 men
	(This does not mean the mode of dying, heart failure, asthenia, etc. II means the dise				0-10-
	injury ar camplication which coused death.)	CO	RONARY HEAD	OT DISEAT	TE SEVERAL YEAR
	ANTECEDENT CAUSES	(B)		************************	
	DISEASES OR CONDITIONS, if any, gi				
	rise la lhe abave cause (A) slating UNDERLYING CONDITION last,	rne (C)		a= a= a= = = = a = a = a = a = a = a =	
	11				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	THE DIAPETIS	UEILIPUS - K.	-W DUSEAT	E
ATIO	DISENSE ON CONTONION CAUSING III				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CER		21B. PLACE OF INJURY (e.g., in	or obout 21C, WHERE DID	(If in Boltime	ore City, give exact tocation)
AL	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
EDIC		21E, INJURY OCCURRED	21F. HOW DID IN.	ILIBY OCCUP?	
ME	OF INJURY (APPROX)	While At Not While		JOKY OCCOR:	
	(APPROLI	Work At Work	1000/00		120/07
	22. I certify that (1) (this haspital) attend			19,ta	19
	that (I) (we) last saw the deceased alive	an 10/30/67	19	nat in (my) (aur) a	pinian death accurred an the date
	and haur and fram the causes stated above	e. (1) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE				23B, DATE SIGNED
	Julian J.	M.D. Atte	nding Med. Director	Stoff Phys.	10/30/67
	23C. PHYSICIAN'S		23D. ADDRESS		7 141 3
	NAME TYPE MACARAEC	F JR, M.D.	FRANKLIN	SQUAR	E HOOPITAL
24	A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION	City, town, or county) (State)
	Burial 11-2-1967	Tommaina Damle Ca	mo tomo	-744	former Town of
25		Lorraine Park Ce	25C, FUNERAL DIRECTO	altimore, N	ADDRESS ADDRESS
	NUV 3 1967 R.P.	& E. Fallman			tchie Hgwy., Baltimore
		The second secon	The same and the same and the		





VS 150-REV. 1/1/65

BIRTH NO.	67	/ 111458		E OF DEATH	Registered No.	67	10468
M.E. CASE NO.		<u> </u>	KIIIICAI				
1. NAME OF DECEA	ASED			-	AND HOUR OF DEATH		
Jo	seph G. Sim	onaitis		0c	tober 31, 19	67	
. PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		USUAL RESIDENCE (W. STATE B. COL	here deceased lived. If i	nstitution: reside	ence befare admission
FULL NAME OF	(If nat in haspital address or location	ar institution, give street		Md.		DUDA	
INSTITUTION				CITY OR TOWN	outside city limits, write	KUKAL and all	(a taxinship)
	450 S. Be	ntalou St. 2	21223	Baltimore STREET ADDRESS		-	00
00				. STREET ADDRESS	lf rural, give lacation)		
00				450 S. Bent	alou St. 21	1223	
SEX 6	RACE	7. MARRIED, NEVER N		DATE OF BIRTH	9. AGE (In years	If Under 1 1 Months: Day	Yr. If Under 24 H
Male	White	WIDOWED, DIVORO		10/15/10	last birthday)	Manins Day	ys Hours Min.
		Marrie				12. CITIZEN	05
	orking lile, even if retired)	A TOOL KIND OF BOSINESS	OK INDUSTRI III	BIKINITACE (Sidie di IC	reign country!		COUNTRY?
Key Wor	rker Plant	National Tu	dua trada	Mar. 1 - 1			US
3. FATHER'S NAME		National Ir	ldustries 14	Maryland Mother's MAIDEN N	AME		5.77
	Simonaitis			Anna -			
5. Was Deceased E	ver in U.S. Armed Fa If yes, give war ar dat			INFORMANT		AD	DRESS
	ir yes, give wur ur oui		RITY NO.				21223
No		218-	03-4714	Mrs. Mildred	A. Simonait	is 450 S	Bentalo
118.34 O	,31		CAUSE OF I	DEATH	10		ERVAL BETWEEN
DISEASE	OR CONDITION DI	RECTLY	/ /	0 0	1//	, on	SEI AND DEATH
L	EADING TO DEATH		(A) (A)	100000	trouch	an 1	MAKIN
	I mean the mode at		DUE TO	***************************************			and the second
	sthenia, etc. 11 means lication which caused			' ~			111
			100 1101	MICO W	TOCKILL	クユ /	4-1180
A	NTECEDENT CAUSES		DUE TO	1		7	17
	CONDITIONS, if			11-11-			
	abave cause (A)	stating the	(C)	and			
ONDEREITING	CONDITION 1031.						
7	- 11	//	1			0	
	CANT CONDITIONS (		11201/1	alla ina	MALALI	Vn-10	11 90
DISEASE OR C	ONDITION CAUSING		THE	evisio c	I become	w ce	er 100/
19A. DATE OF		NOTION FOR WHICH OF	PERATION	20A. AUTOPSY? (Yes	Na) 208, IF YES, WERE	FINDINGS CO	NSIDERED
ERTIF		TO KIVIED	1		IN CERTIFIENCE	AUSES OF DEA	In:
U 21 A. ACCIDENT	WAS UNDERLYING			about 21C. WHERE DID	(If in Baltima	re City, give ex	act location)
DEATH (natify n	ING CAUSE OF	hame, farm, fe	octory, street, office	bldg., INJURY OCCUR?			
0	redicul examinen					•	
W OF INTIEDY	Month) (Day) (Year)	(Hour) 21E, INJURY C	CCURRED	21F. HOW DID II	NJURY OCCUR?		
(APPROX.)		While At	Not While		4		
		Wark	At Work	1	19,0	7 / -	2 /"
22. I certify t	hot (1) (t <del>his hospita</del>	t) ottended the decig:	sed from 1	or old	186 No	Cr. 2	1960/
that (I) (yal	est sow the deceos	ed alive on	· J. 91	1967 and	that in (my) (aur) op	inion death a	ccurred on the d
/ /		F (		/ 6/			
	troin the couses sto	ted above. (1) (We) (d	ia) (esternic) viev	w the body offer death	1.	1 .	1
23A. SIGN (TUR	W/1, ma	11/1/10/	1	. /		23 B. DATE SI	GNE
(M)	1 BILLUNA	MANUXIA	M.D. Attendi	Med.	Staff Phy s.	16/1	10/
23C. PHYSICIAN	S	10000	23 0	ADDRESS		1	/ /
NAME (Typ	e) BAXXXXXXX	RAKKS			re National	Pike 1	
	CHRISTIA	N S. MASS, M.	D. M.D.	JO, MARGAMO			
4A. BURIAL CREM	ATION, 248. DATE		METERY OF CREM	ATORY 24D.	LOCATION (C	City, tawn, or ca	runty) (State)
REMOVAL (Sp.		67 Tand	Paris Com	+ 0.357	Do 1 to dom a seco		3/3
Burial 25A. DATE REC'D B	11/4/	o/ Loudon	Park Ceme		Baltimore		Md.
25A. DATE REC'D B	T HEALTH DEPT.	258. NAME OF REGIST	AR Own FAR	25C. FUNERAL DIRECT			ADDRESS
	UV 3 130/	Ulakell a,	Prince	Howard H. H	ubbard, 4107	Wilkens	Ave. 212:

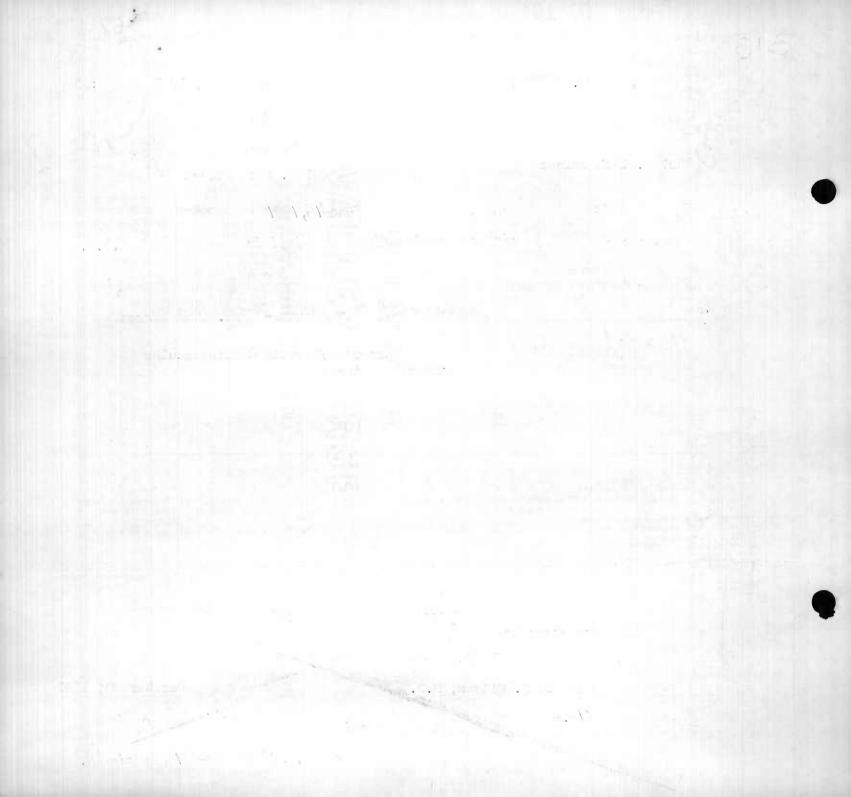


	BIRTH NO. 67 10	1469 CERTIFICA	TE OF DEATH	Registered No.	67 10469
	1. NAME OF DECEASED	. 1		AND HOUR OF DEATH	
	(Type or Print)  BIRMINGHA  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	n, MR. Thom	4. USUAL RESIDENCE (W	// - / - (	nstitution: residence before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street	Md,	JNTY	Balta Co.
	HOSPITAL OR oddress or location)		C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give township)
1	35 6 11	1/1	D. STREET ADDRESS	If jural, give location)	01
5	5. SEX GRACE 17. MAR	, Tal	3515 Milt	ord Mill	Nd.
3	$m  \omega  \psi$	RIED, NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 7-26-81	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working lile, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	1 (ullong	Scotland 14. MOTHERS MAIDEN N	AAAF	W.SA.
L	Birmingham James	3	Welford	, Eliza	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	10	3515 ADDRESS Mulford hul
	UNKNOWN	216-09-2756	Mrs Mildre	d Berger	Ra Balti 7
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH
	LEADING TO DEATH	(A) CG	iremo Vanculer:	tusufficiency	4
	(This does not mean the mode of dying, heart foilure, osthenia, etc. It meons the disc injury or complication which coused death.)	e.g.,			fec.
	ANTECEDENT CAUSES	(B)	crowary Luxu	fficiency	·····
	DISEASES OR CONDITIONS, if any, gi	ving A . A	elianel enna		
	UNDERLYING CONDITION last.	(C) /(//			
	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	TING THE			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION I WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
	D 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)	n or obout 21 C. WHERE DID	(If in Baltimor	e City, give exect locotion)
3	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
	(APPROX)	While At Not While Work At Work			
	22. I certify that (I) (this hospital) ottend	,		19 67 to	
	that (I) (we) lost sow the deceased alive				inion deoth occurred on the date
	and hour and from the couses stated above 23A. SIGNATURE	e. (I) (We) (did) (did not)	view the body ofter death	•	23B, DATE SIGNED
	downave	Phy		Staff Phys.	11/1/67
	23C. PHYSICIAN'S NAME (Type)	A. BRAVO M.D.	Bou &	ecours (to	spital
	24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (State)
	Beizea 11/4/67 25A. DATE REC'D BY HEALTH PEPT. 25B. NA.	Soudow (	259 FUNERAL DIRECTO	Ballo.	mol
	NOV 3 1967 ( P. )	A 7 0	Doring B	yers Ba	28 Liberty Fd
	VS 150-REV. 171/65		0	1 1	THE CENTRAL

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## 67 10470 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10470

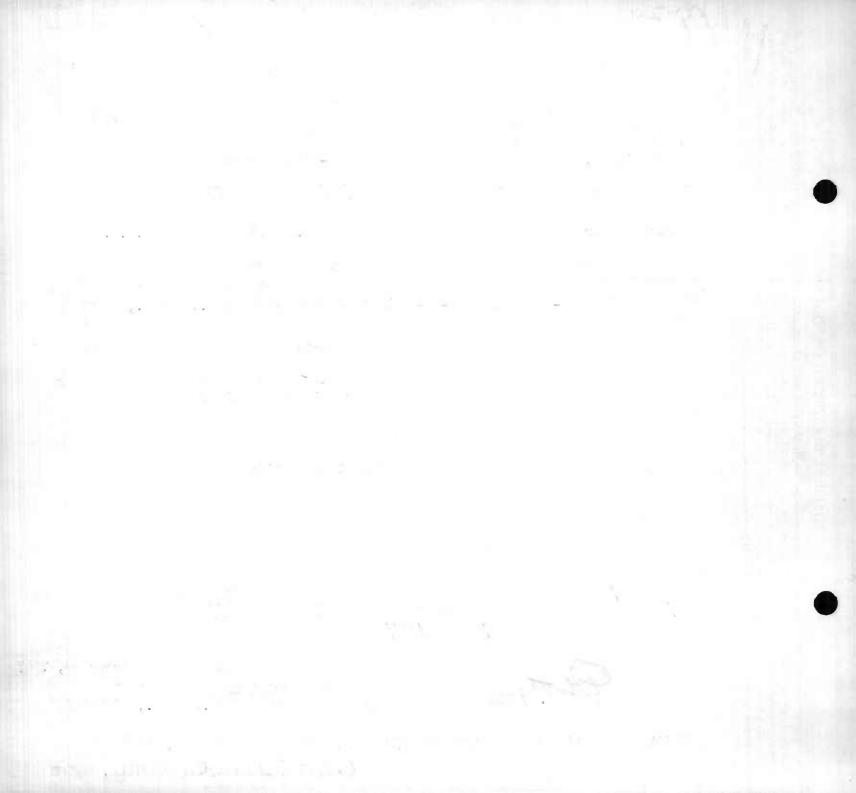
M.E. CASE NO.			
1. NAME OF DECEASED (Typo or Print)	2. DATE AND HOUR PRONOUNCED DEAD		
JEFF T. STEVENS	October 30, 1967 6:55 a M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before edmission) A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
00	Baltimore /2-0/		
437 W. 24th Street	D. STREET ADDRESS (If rurol, givo locotion)		
107 W E TON BOLGES	437 W. 24th Street		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.		
Molo Libito	20 11000		
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF		
done during most of working life, even if retired)	WHAT COUNTRY?		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Unknown	Unknown		
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	17. INFORMANT ADDRESS		
(Yes, no or unknown) (If yes, give wor or dotos of service) SECURITY NO.	ADDRESS		
10 224-03-0027	Dave Stevens-437 10 24th Street		
18. CAUS	E OF DEATH INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH		
LEADING TO DEATH	rteriosclerotic Cardiovascular		
(This does not meen the mode of dying, e.g., hood foilure, esthemic, etc. It meens the disease, injury or complication which caused dooth.)	Disease		
injury or complication which coused dooth.)			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	***************************************		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING IT.			
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
. ( )	No No		
UNDERLYING OR CONTRIB- homo, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exect location) office bldg., INJURY OCCUR?		
UTING CAUSE OF DEATH.			
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
(APPROX.) WHILE AT NOT	WHILE ORK		
22.			
	topsy ond that on this bosis, death In my opinion		
resulted from: Notural causes Accident Suicid			
1 1 1 1 1 1 1	CHIEF MEDICAL EXAMINER DATE SIGNED		
SIGNATURE S SUONS + WIDOW M.D			
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER		
NAME (Type) Edward F. Wilson, M.D.	October 30, 1967		
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)			
Burial 11-2-66 Bermuda M	Pempial Buckingham County		
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS		
NOV 3 1967 R. O. B. E. Farbura	John C. Miller Inc-6415 Belair Rd.		



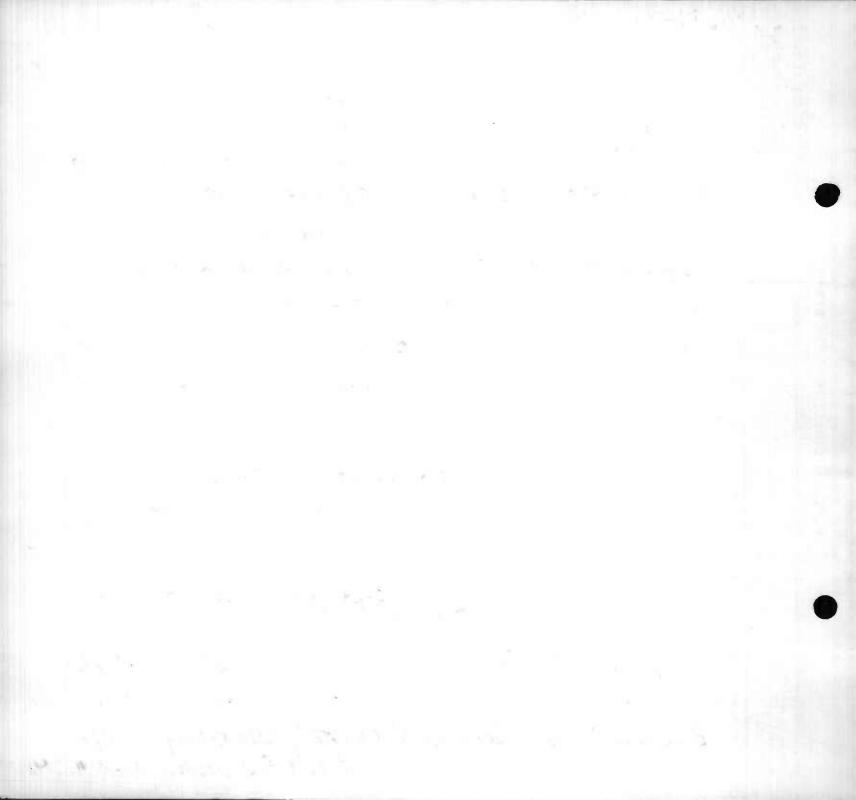
VS 150-REV. 1/1/65

a hospital and

NAME OF DECEASED				ND HOUR OF DEATH	
MACK, CORNEL.	IUS CARROLL			28/67	10:00 A
. PLACE OF DEATH IN BALTIMORE, MA	RTLAND		A, STATE B. COU	ere deceesed lived. II in NTY	stitution: residence before edmission
FULL NAME OF (If not in hospital	or institution, give stre	et	Maryland Pr	rince George	()
HOSPITAL OR eddiess or lecetical	n) • _ 1 •		C. CITY OR TOWN (If o	utside city limits, write R	(URAL ond give township)
Veterans Admin	istration Ho	ospital	Laurel D. STREET ADDRESS (I		66-00
3900 Loch Raver	n Boulevard			rurol, give lecetion)	
Baltimore, Mary	7. MARRIED, NEVER	AA A DDIED	618 - 10th St	9. AGE (In yeers	If Under 1 Yr., If Under 24 Hrs
Male Negro	Single	RCED (specily)	1/28/08	lost birthdoyl 59	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
OA, USUAL OCCUPATION (Give kind of work ene during mest of working life, even if retired)	108. KIND OF BUSINE	ESS OR INDUSTRY	11. BIRTHPLACE (Stete or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Trick Driver	unkno	מעום	Laurel Mars	rl and	U.S.A.
FATHER'S NAME			Laurel, Mary	ME	Uabana
Walter W Mack			Grace Solema	n	
Wes Docessed Ever in 11 S Armed Fee	cos?   16. 500	CIAL	7. INFORMANT		ADDRESS
es, ne ei unknewn) (If yes, give wei er dete	s ef service) SEC	CURITY NO.			spital Records
11/22/43	1/31/46 705	-12-1795	3900 Loch Rave	n Blvd., Bal	to., Md 21218
18. / 5 O X I		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIF	RECTLY	Carci	nomatosis		6 months
(This does not meon the mode of		DUE TO	TIOMA OOD TO	***************************************	O MOITURE
heart foilure, asthenia, etc. It means the disease,			noma of the Es	onhamia with	6 months
ANTECEDENT CAUSES	Oat (				6 months
DISEASES OR CONDITIONS, if ony, giving			tastasis to th	e TIAGL	
rise to the obove couse (A)	rise to the obove couse (A) sloting the				
UNDERLYING CONDITION lost.					
			7774 AA 000 00 0 A 70 00 000 00 00 00 00 00 00 00 00 00 00		0.000 T. A. C.
OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELA	ATED TO THE		monia left sid		
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DEATH	TED TO THE		monia left sid		FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON WAS PER	TED TO THE	OPERATION	20A. AUTOPSY? (Yes or N	e) 208, IF YES, WERE I	USES OF DEATH?
19A. DATE OF OPERATION 198. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	TED TO THE T. DITION FOR WHICH FORMED	OPERATION  OF INJURY (e.g., in	20A. AUTOPSY? (Yes or N	e) 208, IF YES, WERE I	USES OF DEATH?
19A. DATE OF OPERATION 198. CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netify medical exeminer)  21D. TIME (Menth) (Dey) (Yeor)	DITION FOR WHICH FORMED    218. PLACE   home, form, etc.]	OPERATION  OF INJURY (e.g., in	20A. AUTOPSY? (Yes or N	20B, IF YES, WERE IN CERTIFYING CALL  (If in Beltimere	USES OF DEATH?
19A. DATE OF OPERATION 198. CON WAS PER:  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netify medical exeminet)  21D. TIME (Menth) (Dey) (Yeor) OF INJURY	TED TO THE IT. IDITION FOR WHICH IT FORMED    218. PLACE home, form, etc.]  (Heut) 21E. INJURY While At	OPERATION  OF INJURY (e.g., in loctory, street, elfi  Y OCCURRED  Net While	20A. AUTOPSY? (Yes or N Yes er ebout 21C. WHERE DID ce bidg., INJURY OCCUR?	20B, IF YES, WERE IN CERTIFYING CALL  (If in Beltimere	USES OF DEATH?
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19A. DATE OF OPERATION 198. CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netify medical exeminer)  21D. TIME (Menth) (Dey) (Year) OF INJURY (APPROX.)  22. I certify that (1) (this haspital that (1) (we) last saw the decease and haur and from the couses stated.	ATED TO THE IT. IDITION FOR WHICH (FORMED)  218, PLACE home, form, etc.)  (Heur)  21E, INJURY While At Werk  1) attended the dece od alive an Octobove, M) (We)	OPERATION  OF INJURY (e.g., in loctory, street, elfin or occurred  Net While At Werk  cosed from tober 29th (did) Add poly vi	er ebout 21C. WHERE DID ce bldg. INJURY OCCUR?  21F. HOW DID IN  June 9th  1967 and the with body after death.  Adding Med. Director 133D. Address  Veterans Admin	JURY OCCUR?  19 67 to Octo hot in (hy) (our) opin	ber 29th 19 67  nian death occurred on the do  238 DATE SIGNED  October 30, 196  spital
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TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netify medical exeminer)  21D. TIME (Menth) (Dey) (Year) OF INJURY (APPROX.)  22. I certify that () (this hospital that () (we) last saw the decease and haur and from the causes star 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  ERRESTO PI  4A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE	ATED TO THE IT. IDITION FOR WHICH IS FORMED  218. PLACE home, form, etc.)  (Heut)  21E. INJURY While At Werk  1) ottended the deceded alive an Octood obove. (M) (We)	OPERATION  OF INJURY (e.g., in loctory, street, elfi  Y OCCURRED  Net While At Werk  Boosed from	er ebout 21C. WHERE DID ce bldg. INJURY OCCUR?  21F. HOW DID IN  June 9th  1967 and the with body after death.  Adding Med. Director 133D. Address  Veterans Admin	JURY OCCUR?  JURY OCCUR?  19 67 to Octo hot in (My) (our) opin  Steff Phys. X  istration Ho n Blvd Balt LOCATION (Ci	ber 29th 19 6  inian deoth occurred on th  238, DATE SIGNED  October 30, 1  spital  o. Md 21218  iy, lown, or county) (S

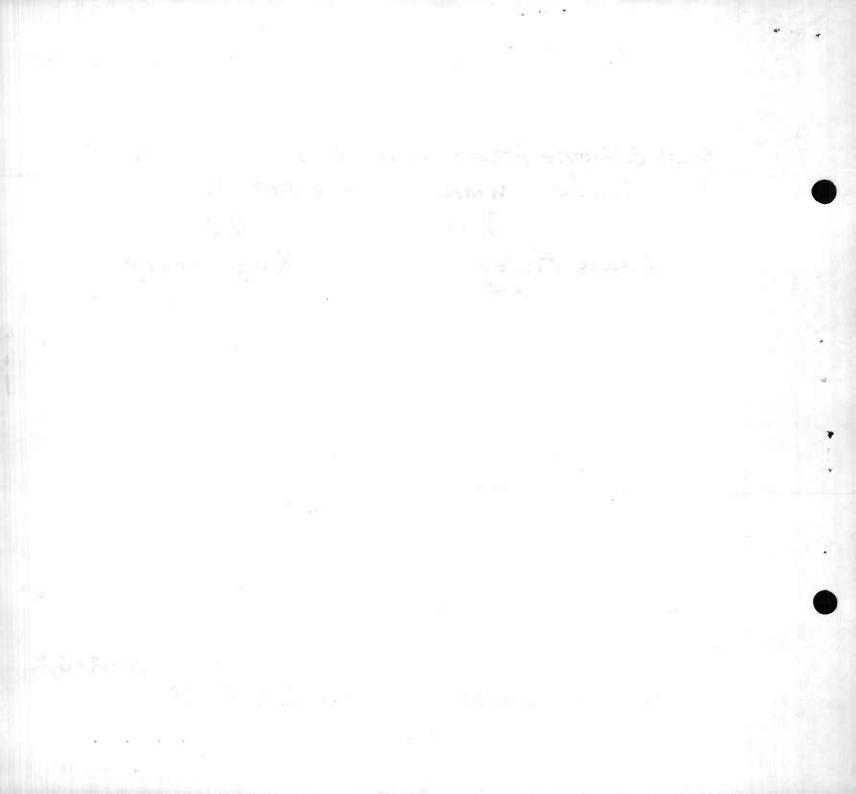


N-213		Y HEALTH DEPARTMENT		017 -10 100
BIRTH NO. 5 67 1	0472 CERTIFICA	TE OF DEATH	Registered Na	67 10472
I, NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
Type or Print) OLIVIA N	ESBITT	101	129/67	16 15 K
. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If ins	titution: residence before admiss
FULL NAME OF (If not in haspital or institu	ution cure shoot			Fe C
HOSPITAL OR oddress or location)		C. CITY OR TOWN (III or	utside city limits, write RI	URAL and give township)
USPHS	+ os PITAL	KENSINGTON 65000		
28 BALTIMORE	Md	D. STREET ADDRESS (IF	rurol, give location)	
Dil - 1 the office	, , ,	4107 1	CYERS ,	MILLRd
1400	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months: Days Hours Min
F NEGRO WID	DIU.	5/3/18	49	Monins Days Hours Mil
OA. USUAL OCCUPATION (Give kind of work 108, KIN		1 1. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
lone during mast of working life, even if retired)		11 1		WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	MF	USA
	11 0			
JAMES H. WI		ALTIA	M. ONLI	3. Y
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give war ar dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NONE	UNK.	CHART		
18. 5 7 8 XI	CAUSE			INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) G A	NGRENE OF	SMALL BOWE	U HRS,
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dis				
injury ar camplication which caused death.)	<i>E</i> /	BROUS AD	HECIANE	YRS.
ANTECEDENT CAUSES	(B) / (	Drogs Pol	11/25/02/5	7.73
DISEASES OR CONDITIONS, if ony,	giving			
rise to the obove cause (A) stating UNDERLYING CONDITION lost.	the (C)		*************************	
		<del></del>		
O OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED TO	O THE HODGI	LINS I	DISEASIE	
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
WAS PERFORMED		YES	IN CERTIFFING CAU	ES OF DEATH!
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
DEATH (notify medical examiner)	etc.)	onice orage, involve occor.		
O 21D. TIME (Manth) (Doy) (Year) (Haur)	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Not Wh	ile		
	Work L At Work			30.
22. I certify that (I) (this haspital) atten	44	Sept, 25	19 67 to De	19 6
that (I) (we) last saw the deceased alive	on Ost 29	19.6 / and t	hat in (my) (aur) apin	ian death accurred on the
and haur and from the causes stated abo	ve. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIONATURE	)			23B. DATE SIGNED
Mail O & Vel	e var M.D. At	tending Med.	Stoff Phys.	10/29/67
23C. HYSICIAN'S	0	23D. ADDRESS		1111
NAME (Type)	Prinsal M.D	USDAC	HARDITAL	RAITIMA
MICHAEL E.	I RECEIT OF CEMETERY - C	REMATORY 24D.	HOSPITAL	V(town, or county) (Sto
BEMOVAL (Specify)	T.	1 1	11 11	A A
DURIAL "11/67	JOHN Wesley	Cemelery C	larksburg	, Md.
25A, DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C FUNERAL DIRECTO	RPA	D ADDRESS
MAN 9 1901 (September 1901)	DE Tarbey Mal	Cohert L.	snowden	Kockville, M.
'S 150-REV. 1/1/65				

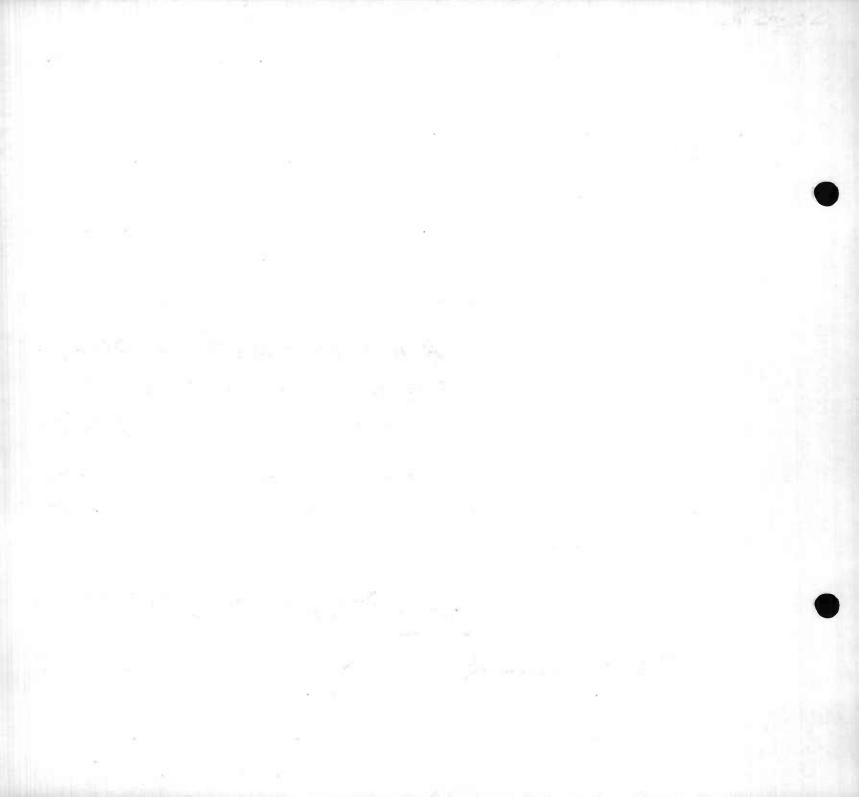


VS 150-REV. 1/1/65

	Y HEALTH DEPARTMENT	67 10170
BIRTH NO. 67 10473 CERTIFICA	TE OF DEATH Registered No.	01 104/3
M.E. CASE NO.		
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) Mahie F. Caula N	11-2-67	12:20AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If insti	tution: residence before admission)
4	A. STATE B. COUNTY	
FULL NAME OF (If not in haspital or institution, give street	Maryland	
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RU	RAL and give township)
INSTITUTION	12 1/imare	12/1-4
Mrs and and	D. STREET ADDRESS (If turol, give location)	
a 11 m 11. A 111	1201 11 11 /	. ( )
South baltimore GENERAL HOSP	1526 COVINGTO	N St.
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yes)s	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min,
WIDOWED, DIVORCED (specify)	9-17 1887 lost birthday	Violins Days Hours Mill,
10A USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	111. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)	Title BikitireAce (Side or loreign coonliny)	WHAT COUNTRY?
Housewife NAME	NA	TT C A
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	USA
1	A A	
Lewis trale.	Mary Sha	rb.
15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	V	•
No la	Family	Same
18. CAUSE C	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0 0	ONSET AND DEATH
10	Se Mana less St	2 2 block
(This does not mean the made of dyings e.g., DUE TO	lines where	- rvects
(This does not mean the made of dying e.g., heart foilure, osthernio, etc. It means the ottografe, injury or complication which caused destroy	HRTIERIAL EROSTON IN	
injury or complication which caused death	A Company of the Comp	2.Weck.
ANTECEDENT CAUSES	Liceb - U. Li	
	THE CH OF MATUS TIERNI	A (1)
DISEASES OR CONDITIONS, if any, gaving, ise to the above cause (A) stained the	Comment of the commen	, welly
rise to the above cause (A) storner the VV (C)		
Viol		
」		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED THE		
DISEASE OR CONDITION CAUSING IT.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19 A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	IDINGS CONSIDERED
= 11-1-17. Bleeding alterly	VES.	S
U 21A. ACCIDENT WAS UNDERLYING 258 PLACE OF INJURY 16/9.	in or about 21 C. WHERE DID (If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	office bidg., INJURY OCCUR?	
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not Whi		
Work At Work		
22. I certify that this hospital) attended the deceased from	10-30 1967to	11-2 19 67.
that ((we) last saw the deceased alive an //- 2	19 67 and that in (our) apini	an death accurred on the date
mad have and from the names attacked above (1) (Wa) (4:4) (4:4 - 4)		
and haur and fram the causes stated abave. (1) (We) (did) (did nat)		
23A. SIGNATURE		3 B. DATE SIGNED
CHUNTH M.D. Att	rending Med. Stoff Phys.	11-2-67
23C. PHYSICIAM'S	23D. ADDRESS	11
NAME (Type)	1, 1, 1, 0,	
Abdul G. LUPEShi M.D.	12/3 NIGht St.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	REMATORY 240. LOCATION (City,	town, or county) (State)
Burial 11 4 67 Cedar Hill	Brooklyn, A. A.	Co. Mid.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NUV 3 1961 Of Centre E, tarkey Ma	Mc Cully 130	E. Fort Ave



Maru Ma	67	7 10474 CERTIFICA	Y HEALTH DEPARTMENT	Registered No.	67 10474	
BIRTH NO. M.E. CASE NO.		LOX CERTIFICA				
1. NAME OF DECEAS (Type or Print)	pe or Print) JERRY (JAROSLAV) SUCHANEK			Oct. 30, 1967 3:50 a.		
3. PLACE OF DEATH	PLACE OF DEATH IN BALTIMORE, MARYLAND			ere deceased lived. If in	nstitution: residence before admis	
FILL NAME OF	FULL NAME OF (If not in hospital or institution, give street		Md., 21205			
HOSPITAL OR	oddress or locotion		C. CITY OR TOWN (If or		RURAL and give township)	
	25 N Col	lington Ave.	Baltimore	2	7-0.	
00	25 14. COI	ington ave.	D. STREET ADDRESS (If rurol, give locotion)			
00			725 N. Collington Ave.			
5. SEX 6. I	RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours M	
male	white	widowed, Divorced (specify) married	12/13/1891	10st birthdoyl 75	Months Doys Hours M	
		108. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF	
done during most of work	ing life, even if retired)		Chachaelens	alai a	WHAT COUNTRY?	
Tailor		Lebow Bros.	Czechoslova		U.S.A.	
13. FATHER'S NAME	1 0 -	1	14. MOTHER'S MAIDEN NA			
J	oseph Suc	nanek	Mary F	Hala		
5. Was Deceased Eve	er in U. S. Armed For		17. INFORMANT		ADDRESS	
(Yes, no or unknown) (If	yes, give wor or dote	s of service) SECURITY NO. 218-10-7841	Marie Zeleny	Suchanek	, wife, above	
110	4		OF DEATH	0 4 0 2 1 4 1 7 6 1 6	INTERVAL BETWEEN	
18.422.	12 260	N.			ONSET AND DEATH	
	OR CONDITION DIR	RECTLY	TO MUDRO	antaux	C 0077 19	
	mean the made of	dying, e.g., 70U-TO	IE / / / OCH R	DIAL (HIXOX	E VVIN I	
hearl failure, asl	henia, etc. It means	the disease,		0 1	PE OCT 2 190	
	injury or complication which caused death.)  A DTER!		SCLEROTIC	CIVI		
	RECEDENT CAUSES			1000		
	DISEASES OR CONDITIONS, if any, giving		DISEASE		7-26-61	
rise to the obove cause (A) stating the (C) UNDERLYING CONDITION tast.		0 ~ / 1		,		
	ANT CONDITIONS C	ONTRIBUTING				
	TH BUT NOT RELANDITION CAUSING I	TED TO THE SIABE	TES MEL	41705	7-26-61	
			20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED WE			No	IN CERTIFYING CA	NONE	
u			in or obout 21 C. WHERE DID	(If in Boltimor	re City, give exact location)	
DEATH (notily me	edicol exompto W	etc.)		12		
-	Nonth) (Doy) (Year)		21F. HOW DID IN			
S OF INJURY	NONE	While At - Acc Nof DWhi		NE		
(APPROX.)						
22. I certify the	ot (1) (this hospital	) attended the deceased from	OULY 26	1967 10	Oct 30 196	
that (I) (we) las	st sow the decease	d alive on Oct 30.	J 1967 and 1		inion death occurred on the	
		red obove. (1) (War) (did) (dtdamet)				
23A. SIGNATURE	1)	, , , , , , , , , , , , , , , , , , , ,	710 1110 2007 01101 0001111	<u></u>	23B. DATE SIGNED	
8.1	AP.	A M.D. AH	rending Med. Director	Staff		
~ 9	Dehm	Phy	•	Phys.	10-31-67	
23C-PHYSICIAM'S		nuel Schimunek	842 S. Eas	t Avenue		
24A. BURIAL CREMA	TION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (Ste	
REMOVAL (Spec	:ily)					
Burial	11/2/6			Baltimore,		
25A. DATE REC'D BY	HEALTH DEPT.	25B. NAME OF REGISTRAR	Schimunek	Funeral H	ome.Inc.	
	A 1204 0	a fo a land	2601 E. I	Madison St		
IS ISO DEV WALL	3 1907 (1)	J/		7		



IMPORTANT

DIRECTOR:

FUNERAL

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Ober Topher Blesser

Chairtophea B. Merautt

John's Hopkins Hospital Colde No

2. DATE AND HOUR OF DEATH  11-1-67  4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE  B. COUNTY  MARYLAND  C. CITY OR TOWN (If outside city limits, write RI  BALTIMORE  D. STREET ADDRESS (Ill rush) give location or head by the state of the sta	WOOD Rd. 212  If Under 1 Yr. If Under 2: Months: Doys Hours N  12. CITIZEN OF WHAT COUNTRY? U. S.,  ADDRESS  HISTORY INTERVAL BETWEEN ONSET AND DEAT
A STATE  B. COUNTY  MARYLAND  C. CITY OR TOWN (If outside city limits, write RI  BALTIMORE  D. STREET ADDRESS (III rush) give location of the	WOOD Rd. 212  If Under 1 Yr. If Under 2: Months: Doys Hours N  12. CITIZEN OF WHAT COUNTRY? U. S.,  ADDRESS  HISTORY INTERVAL BETWEEN ONSET AND DEAT
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MARYLAND C. CITY OR TOWN (If outside city limits, write RI  BALTIMORE  D. STREET ADDRESS (Ill run) give location on the property of the proper	If Under 1 Yr. If Under 24 Month's Doys Hours N  12. CITIZEN OF WHAT COUNTRY?  U. S.  ADDRESS  HISTORY INTERVAL BETWEEN ONSET AND DEAT
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D. STREET ADDRESS (Lingbowe Accident Property of Control of Contro	If Under 1 Yr. 1f Under 2. Months Doys Hours N  12. CITIZEN OF WHAT COUNTRY?  U. S.,  ADDRESS  HISTORY INTERVAL BETWEEN ONSET AND DEAT
DATE OF BIRTH  10-30-80  1. BIRTHPLACE (Stote or foreign country)  Baltimore  MARYLAND  4. MOTHER'S MAIDEN NAME  SOPHIE (UNKNOWN)  7. INFORMANT  HOSPITAL ADMISSION  DEATH	If Under 1 Yr. 1f Under 2. Months Doys Hours N  12. CITIZEN OF WHAT COUNTRY?  U. S.,  ADDRESS  HISTORY INTERVAL BETWEEN ONSET AND DEAT
10-30-80   9, Age (In years lost birthday)  10-30-80   87.  1. BIRTHPLACE (State or foreign country)  Baltimore  MARYLAND  4. MOTHER'S MAIDEN NAME  SOPHIE (UNKNOWN)  7. INFORMANT  HOSPITAL ADMISSION  DEATH	IT Under 1 Tr. 11 Under 2 Months Doys Hours A  12. CITIZEN OF WHAT COUNTRY?  U. S.  ADDRESS  HISTORY INTERVAL BETWEEL ONSET AND DEAT
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Baltimore MARYLAND  4. MOTHERS MAIDEN NAME  SOPHIE (UNKNOWN)  7. INFORMANT  HOSPITAL ADMISSION DEATH	ADDRESS  HISTORY  INTERVAL BETWEEN ONSET AND DEAT
MARYLAND 4. MOTHER'S MAIDEN NAME  SOPHIE (UNKNOWN) 7. INFORMANT  HOSPITAL ADMISSION DEATH	ADDRESS HISTORY INTERVAL BETWEEN
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SOPHIE (UNKNOWN) 7. INFORMANT HOSPITAL ADMISSION DEATH	HISTORY INTERVAL BETWEE
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TION - A COCE MINISTER	-
	Java
20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FI	INDINGS CONSIDERED
IN CERTIFYING CAU	JSES OF DEATH?
	City, give exact location)
ce bldg., INJURY OCCUR?	
0-19-67 10 67 1	I-I 19
	iian death accurred an t
ew the bady after death.	
	23B, DATE SIGNED
ding Med. Stoff Phys.	11-1-67
D. ADDRESS	
UNION MEMORIAL	HOSPITAL
AATORY 24D. LOCATION (City	y, town, or county) (S
metery Baltimore	Md.
	ADDRESS
Schimunek Funeral Hom	e, Inc.
3331 Brehms Lane	
	21F. HOW DID INJURY OCCUR?  21

Daisin MEMINIAL HOSPITAL

FERNALE CAUCASIAN WILDOWED

OLA

Housewiff None

SOFFILE (ENELLOWIN) ADAM WALTERS

SIZ-41-SEOTHOSPITAL ADMISSION HISTORY

Myorardial inferition corony chair

ISAN HANFILL ROAD

10-30-80 87

MARYLAND

YES Yes

10-19-67 67

6. E. Gillay

B. E. CATHEY

11-1-67

1-11

UMON MEMORIAL HOSPITAL

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NAME OF DECEASED					
ype or Print)	27			/31/67	11:25 P.
Miller, F	LOTERCE				If institution: residence before admis
			A. STATE B. CO	YTNUC	
	spital or institutio	n, give street	Maryland		
HOSPITAL OR oddress or I	locotion)		C. CITY OR TOWN	f outside city limits, wri	ite RURAL and give township
10			D. STREET ADDRESS	re	110-
Bolton Hill Conva	lescent &	Nursing Ctr.	D. STREET ADDRESS	71f rurol, give location)	
			824 Park	Ave.	
SEX 6. RACE		ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours M
TAT			6/22/91	67	
A. USUAL OCCUPATION (Give kind		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF
one during most of working life, even if re	etired)				WHAT COUNTRY?
PATHEME NAME			New Y	ork	U.S.
FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
George Niles			Annie Ha	rvey	
George Niles . Was Deceased Ever in U. S. Armes, no or unknown) (II yes, give work	ed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
or entitle still heat dive wor c	SOIGS OF SEIVICE				
118 773 4 773		212-18-3507 CAUSE O	E DEATH		INTERVAL BETWEEN
33/2		1 111111111			ONSET AND DEATH
DISEASE OR CONDITION			20 111 1	2 1. 2	4 1 1
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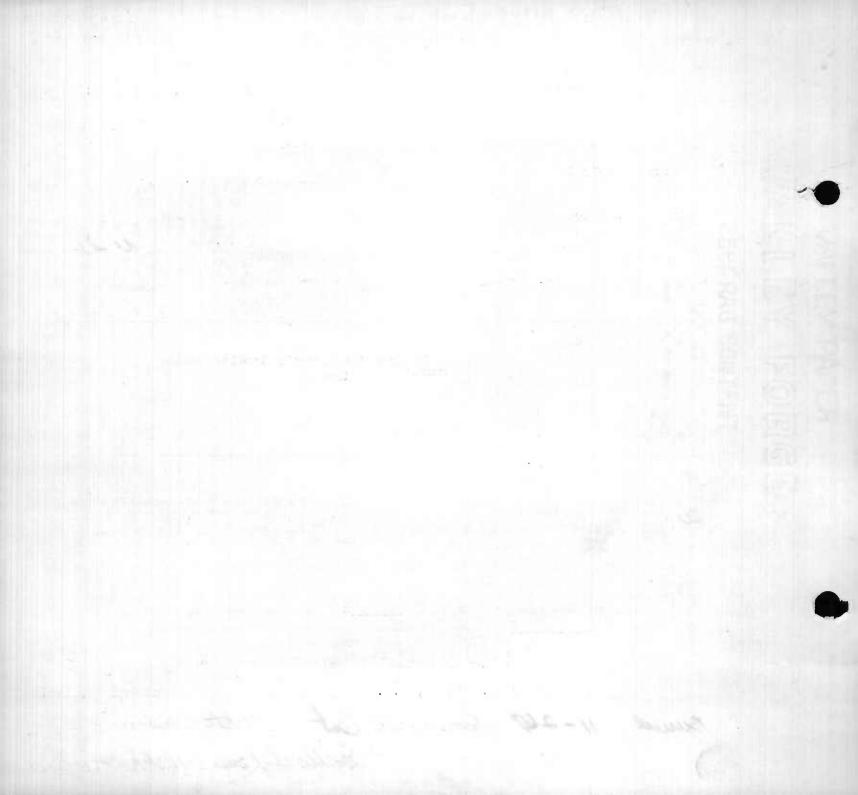
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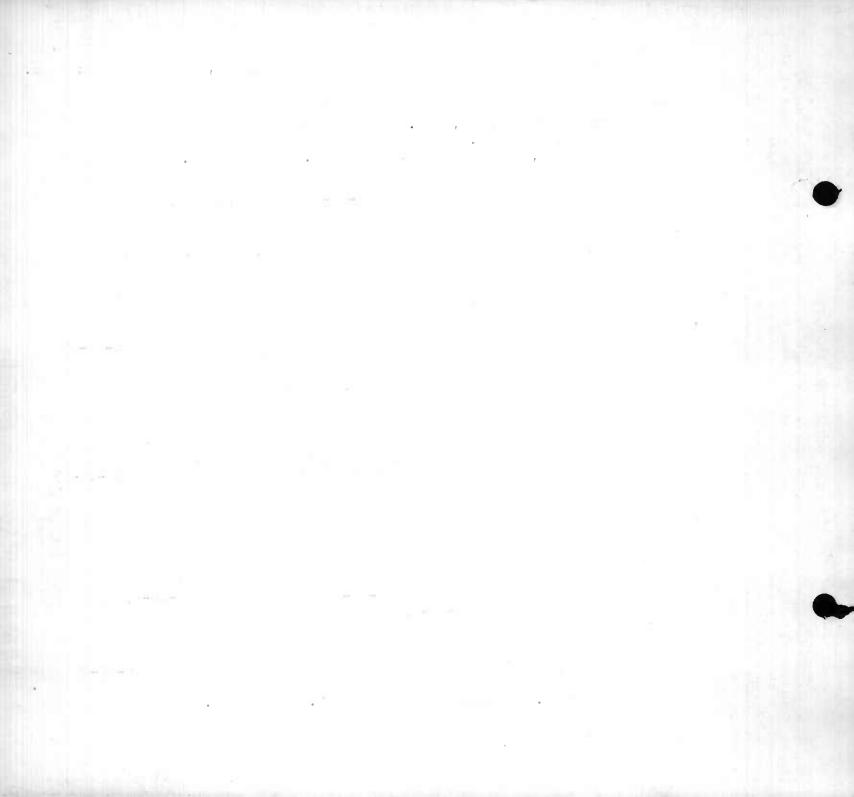
BALTIMORE CITY HEALTH DEPARTMENT

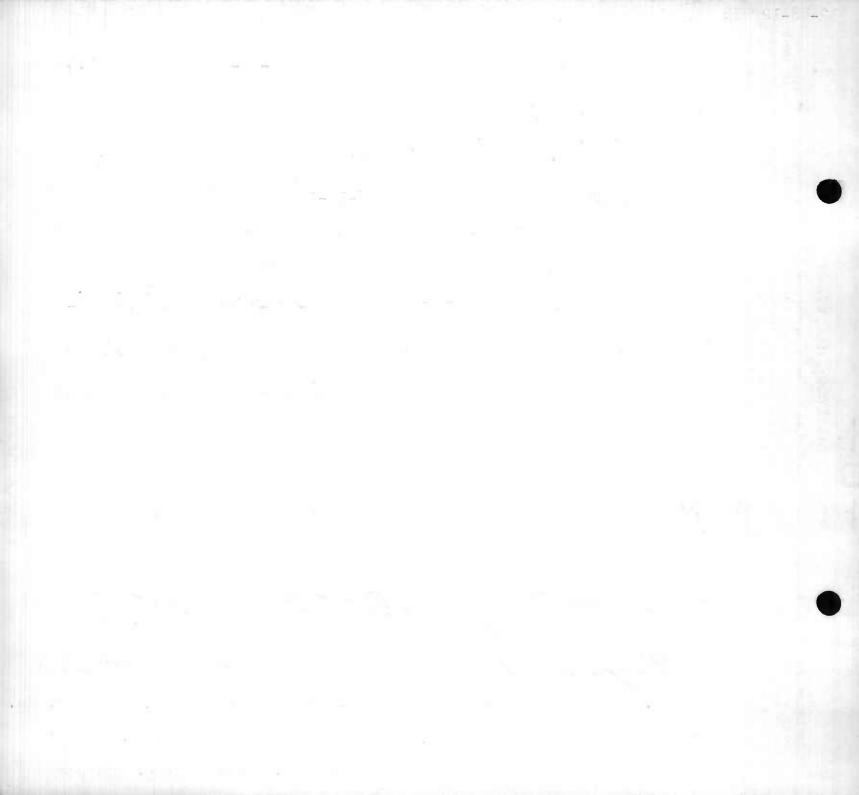
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07 10401 BALTIMORE CITY HEAD	TH DEPARTMENT
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered NO. 7 10481
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
ALBERT LEAKS	October 29, 1967   1:50 p M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION ADDRESS ON EGGATION	$\alpha$
27	Baltimore  D. STREET ADDRESS (If rurol, give locotion)
Mercy Hospital	2115 Homewood Ave.
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED(specify)	10 10 10 00
Male Colored  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BURNESS OR INDUSTR)	17. SIRTHPLACE (Stole or foreign country) 12. CITIZEN OF
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13 FATHERS NAME	14. MOTHER'S MAIDEN NAME
the Dines must	Prule to be
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17/INFORMANT ADDRESS
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III A A A A A A A A A A A A A A A A A A	OF DEATH INTERVAL BETWEEN
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(This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease,	Disease
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
Z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	YES YES OF DEATH?
✓ 21 A. EXTERNAL CAUSE WAS       21 B. PLACE OF INJURY (e.g., home, form, foctory, street, company of the property of	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NOT WORK AT W	WHILE
22.	
	and that on this basis, death In my opinian
resulted fram: Natural causes X Accident Suicid	
ACTUAL RALLOS A LILLAND	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE TO M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D	
REMOVAL (Specify)	1 0 A Moth Caro
PALLED BY HEALTH DEBY	24C, FUNERAL DIRECTOR ADDRESS
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	
NOV 3 1967 Robert E. FarleyMI	Aprilo Fitome north Carting
VS 151-REV. 1/1/65	



B. CASE NO.  ANALO OF DECEMBER OF THE NAME OF ADDITION OF PARTY OF STATES AND HOUR OF DEATH OCCUPIED A	Care brail no believe of many   Addie Hammond   Addie Hammon					
Addie Hammond  **RACE OF DEATH IN BATMORE MARLAND  **PLACE OF DEATH IN BATMORE MARLAND  **PLICE NAME OF DEATH IN BATMORE MARLAND  **PLICE NAME OF DEATH IN BATMORE MARLAND  **POVIDENT OF DEATH IN BATMORE MAR	Addie Hammond  D. PLACE OF DEATH IN BALTIMORE, MARKLAND  D. STREET ADDRESS (If rure), geve localized  D.					
PLACE OF DEATH NATIMONE MARIAND  FILL NAME OF MICHAEL NAME AND MARIAND  FILL NAME OF MICHAEL NAME AND MARIAND  FOOVIGE HE SUBJECT OF MARIAND  FOOVIER HE SU	Adde Hammond  FULL NAME OF HOSPITAL OR OR PATCH TO STREET HOSPITAL OR DEATH IN BAILMORE MARIAND  FULL NAME OF HOSPITAL OR					
FULL NAME OF MOSPITAL OR PROSPERIOR OF MOSPITAL OR PROVIDED THE SECONDY  MOSPITAL OR PROVIDED THE MOSPITAL INC.  1514 Division St.  Baltimore, Maryland 21217  SER  Bo. RACE  MARYLAND COLOR MARYLAND (Seventh Mospital)  Negro  Married  A USUAL OCCURATION (Seventh Mospital)  Negro  Married  A USUAL OCCURATION (Seventh Mospital)  IF A USUAL OCCURATION (Seventh Mospital)  Married  A USUAL OCCURATION (Seventh Mospital)  Negro  Married  Married  A USUAL OCCURATION (Seventh Mospital)  Negro  Married  Married  Married  Maryland  If Under 1 Yr.    Funder 24 Herical Mospital Most Mospital Mos	FUILL NAME OF HOSPITAL OR Oddies to location oddies to location of provident Hospital, Inc.  39 1514 Division St.  Baltimore, Maryland 21217  S. SER  6. RACE  7. MARRIED, NEVER MARRIED  Married  ON. USUAL OCCUPATION [Give kind of work in of business or industry in the most of deving most of working life, even if relived)  Married  ON. USUAL OCCUPATION [Give kind of work in of business or industry in the most of deving most of working life, even if relived)  Tended  Those Deceased for in U. S. Armed Forces?  Tended  Those Disease OR CONDITION DIRECTLY LEADING TO DEATH  (A) Diabetic Acidosis  DISEASE OR CONDITION (it in moors the disease, inquiry or complication which caused death.)  ANTECEDENT (a unseed and the mode of dying, e.g., healt follow, solinence, etc., in the object of the province of the provi					
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Second   S	Baltimore  1514 Division St.  Baltimore, Maryland 21217  STREET ADDRESS (If rurel, give locotion)  2137 N. Smallwood St.  SEX  S. RACE  Negro  Married  Negro  Married  Negro  Married  Negro  Married  S. DATE OF BIRTH  S. AGE (in years will under 1 Yr. If Under 24 Hr. Months)  Married  S. DATE OF BIRTH  S. AGE (in years will under 1 Yr. If Under 24 Hr. Months)  Married  S. DATE OF BIRTH  S. AGE (in years will under 1 Yr. If Under 24 Hr. Months)  Married  S. DATE OF BIRTH  S. AGE (in years will under 1 Yr. If Under 24 Hr. Months)  Married  S. DATE OF BIRTH  S. AGE (in years will under 1 Yr. If Under 24 Hr. Months)  S. AGE (in years will under 1 Yr. If Under 24 Hr. Months)  Married  S. DATE OF BIRTH  S. AGE (in years will under 1 Yr. If Under 24 Hr. Months)  Married  S. DATE OF BIRTH  S. AGE (in years will under 1 Yr. If Under 24 Hr. Months)  Married  Marrie					
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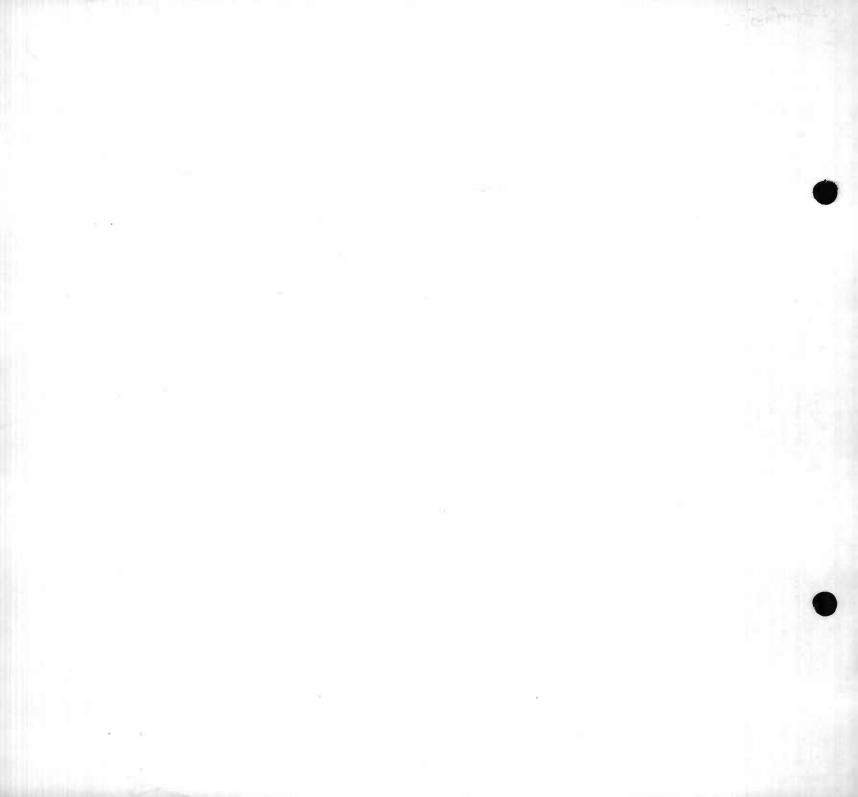




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FUNERAL D	the chief medical by a medical; (2) Body burns; here the physician was sefore the remain
•	be approved by ed to the hospit nt of any nature, pital (except wh oath); and (6) N
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cau was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendence on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT 67 10484 cause of death
use; (5) Deceased
tendance on the CERTIFICATE OF DEATH Registered Na. BURTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Sylvester Augustus Harrington October 27, 1967 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY Maryland (If not in hospital or institution, give streef HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write AVRAL and give fownship) INSTITUTION Baltimore 2415 Callow Ave D. STREET ADDRESS (If rurol, give location 2415 Callow Ave 9. AGE (In years 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. WIDOWED, DIVORCED (specify) lost bighdoy! April 18,1906 Male Colored Married 103. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Minister & Engineer Religion Opelausa, La 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elmo Harrington Victoria Linton 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (III yes, give wor or dotes of service) SECURITY NO. 214=24-5514 Mrs. Mary E. Harrington 2415 Callow Ave No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY NCEN OF GALL LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIF WAS PERFORMED ANCEN 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At [ (APPROX.) Work At Work

22. I certify that (1) (this hospital) attended the deceased fram. that (1) (we) last saw the deceased alive an 19-7-19 5 7 and that In(my) (our) apinian death accurred an the date and haur and fram the causes stated abave. (1) (Wa) (did act) view the bady after death. 23A. SIGNATURE Attending [ Med. Stoff Phys. Phys. L Director \_\_\_ 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Maurice L. Adams 238 N. Carey Street 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (Stote) (City, town, or county) REMOVAL (Specify) 10/31/67 Arbutus Balto. Co. Md Burial Arbutus Memorial Park 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR ADDRESS Herbert E. Nutter 3035 W. North Ave VS 150-REV. 1/1/65



IMPORTANI

DIRECTOR:

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VS 150-REV. 1/1/65

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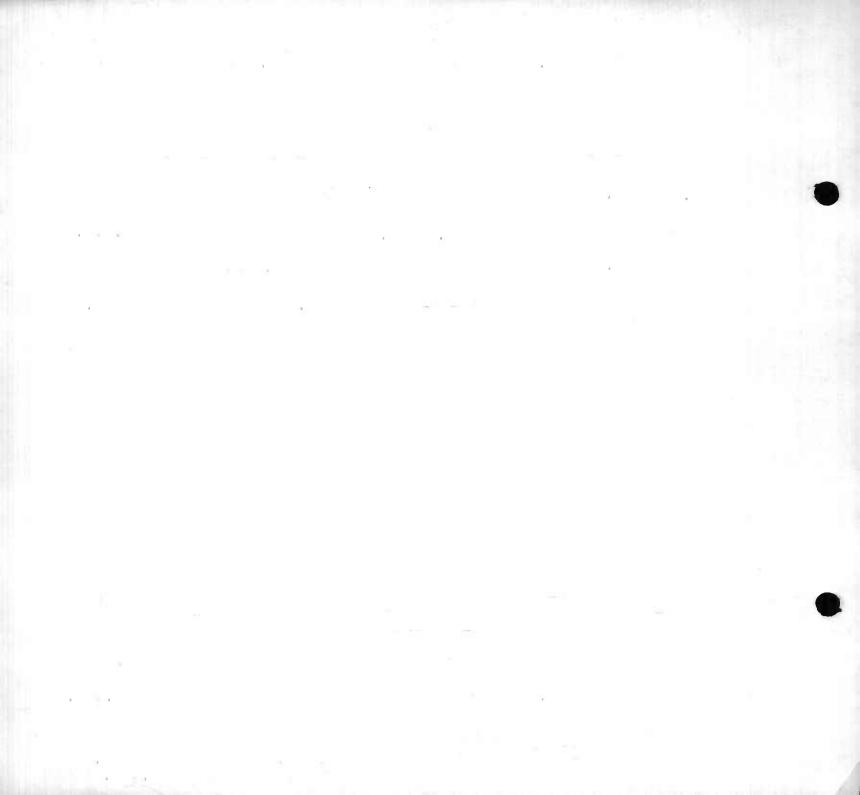
	HETH NO.  ALE, CASE NO.  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No. 67 10486						
M.E. C	NO. ASE NO.	CERTIFICA	TE OF DEATH		01 (1770)		
(Type of	YPE WITTELLAMS. BENJAMIN F			OCTOBER 29, 1967   2:30 A			
3. PLAC	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission A, STATE 8. COUNTY				
HOSI	NAME OF (II not in hospital PITAL OR oddress or locatio		, give sheet	MARYLAND 21228  C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	40 ST AGNES HOSPITAL CATON & WILKEN AVENUES		BALTIMORE D. STREET ADDRESS	if rural, give location)	53-00		
	BALTIMOR		RYLAND 21229	2 MILBERT	COURT		
5. SEX	LE NEGRO	MARF	O, NEVER MARRIED  ED, DIVORCED (specily)  R IED	08-09-11	9. AGE (In years lost birthdoy)  56	If Under 1 Yr. II Under 24 Hr. Months Days Hours Min.	
don Pdu	UAL OCCUPATION (Give kind of world in the most of working lile, even if retired)	1	ART & CO.		CATONSVILLE)	12. CITIZEN OF WHAT COUNTRY?	
	HERS NAME NOS WILLIAMS	1		14. MOTHER'S MAIDEN N.			
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	orunknown) (II yes, give wor or dote V— II	es of service)	213-03-2106	ST AGNES HO	SPITAL'S R	ECORD	
1B.	331XI			F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
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heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death.)							
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U 19A	DISEASE OR CONDITION CAUSING IT.  19.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION			20 A. AUTOPSY? (Yes or h	No) 208. IF YES, WERE	FINDINGS CONSIDERED	
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OR	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.)	n or about 21 C. WHERE DID line bldg., INJURY OCCUR?	(If in Baltimare	e City, give exact location)		
S OF	O-TIME (Month) (Day) (Year)		E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
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	22. I certify that X) (this haspital) attended the deceased fram OCTOBER 27 1967 to OCTOBER 29 1967						
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	havr and from the causes sta	ted abave.	(I) (We) (did) (A) (XX)	view the bady after death	•		
23A	SIGNATURE / / /	l-	M.D. Att	ending Med.	Stell	23B. DATE SIGNED	
000	J. Moun	/	Phy	s. Director	Stall Phys.	10-29-67	
230	NAME (Type) J. KO	RBL	1 LY M.D.	ST. AGNES HO	SPITAL - W	ILKENS & CATON	
24A. BU	JRIAL CREMATION, 248. DATE	24C. N	NAME of CEMETERY OF CR		B	ty, town, or county) (Stote)	
-	urial 11/1/6	7 Bal	timore Nations	al Cemetery R	altimore,	Manuland	
	ATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	OR CIMOTE	Maryland ADDRESS	
	NOV 3 1967	Pobert	r E, tarbey MA	Herbert E. N	utter 3035	W. North Ave	
VE 150	DEN/ 1/1/45						

22 - 11-11 S.S. - S.E.I.S.S. - U.S. 12-13 The street of the state of STEATHSON SERVICE

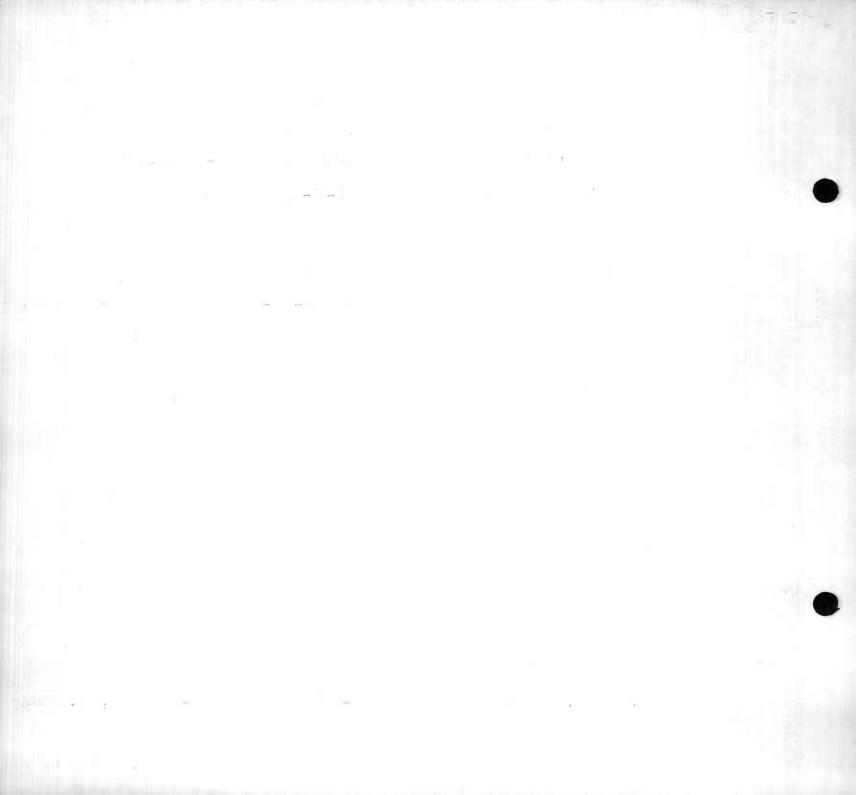
A 1 75-11 - July 20 July 25 July 20

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	P-13			BALTIMORE CITY				67	10487	
BIR	TH NO.	67	104	87 CERTIFICA	TE OF DE	ATH	Registered Na.	Uí	10401	
	E CASE NO.						ND HOUR OF DEATH			
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	NSTITUTION	address or lacation)			C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
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					14. MOTHER'S IV	AIDEN NA	7416			
		m F. Fitche			Georgi	a W.	Fitchett			
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	that (1) ( <del>we</del> )	last saw the deceased	alive an	October 25,	19 0/	and th	at In(my) (eur) api	nian death	accurred an the	date
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		I Ve end	CO X	M.D. Atter	nding K Di	ed. rector	Stoff Phys.	Nov.	2, 1967	
	23 C. PHYSICIA	NS COUNTY	م للكور و		3D. ADDRESS	rector	rnys.		~,,	
	NAME (T	Lloyd E.	Say			MO ONIM	ount Arro	Polt-	L M	
0.1				8			ount Ave,			
24A	REMOVAL (S	MATION, 248. DATE	24C.	NAME of CEMETERY OF CRE	MATORY	24D. L	OCATION (C	ily, tawn, ar	county) (Stot	e)
	Burial	37/3/6	7 T.	rraine Park	Cemetar	77	Woodlawn		Maryla	nd
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	NOV 3	1967 00	A 0 .	Fr. a. M.	Henry					
VS.	150-REV. 1/1/6	5	LJ Sery	Action and	4905	York	Road, Bal	to.M	1. 21212	



Jane . 1 2 10 16 5/4 7" Maje Negle married 1/13/1881 PB North Corelina 4.50 Labores John Litaker Hargeline 217-01-5110 how + the 946 607 fem - 1 Unknown ac to Common precious I dong of a day on the time who E.E. HEP 37/5 K DEN TY HOPE A PINE



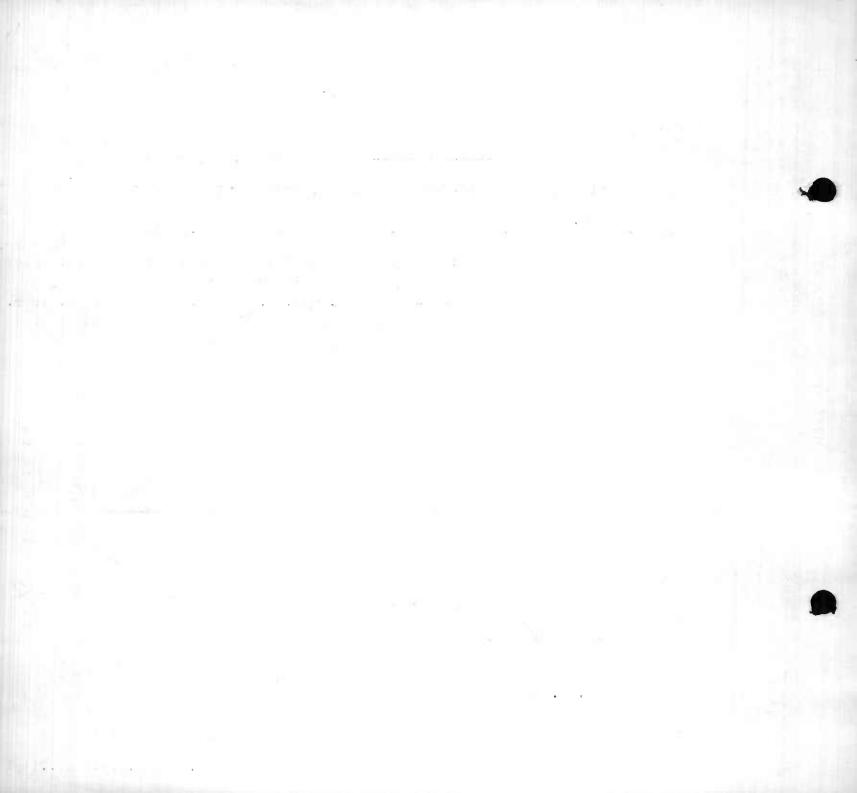
Тур	CASE NO.  AME OF DECEASED  or Print)		2. DATE AN	D HOUR OF DEATH			
3. P	Dunbar Long	nie B. (Loney)	4. USUAL RESIDENCE (When	2/67 deceased lived. If i	nstitution: residence before admit		
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	no	179-10-1504	Connie Dunbar	1518 N. Ais	squith St.		
	18.	CAUSE	OF DEATH		INTERVAL BETWEEN		
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MEDICAL CERTIFICATION	heart failure, asthenio, etc. It means the disinjury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the abave cause (A) stoting UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Month) (Doy) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attends that (I) (we) last saw the deceased alive and hour and from the causes stated abar 23A. SIGNATURE	UTING O THE  FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  21 E. INJURY OCCURRED While At Not White Work  At Work  ded the deceased fram an  ve. (I) (We) (drd) (old nat)	20A. AUTOPSY? (Yes or No.)  in or obout 21C, WHERE DID  office bidg., INJURY OCCUR?  21F. HOW DID INJURY  19 and the  view the bady after death.	OP 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact locotion)  19  Inian death accurred an the		
MEDICAL CERTIFICATION	heart failure, asthenio, etc. It means the disinjury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the abave cause (A) stoting UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exominer)  21D. TIME (Month) (Doy) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated abave 23A. SIGNATURE  BURIAL CREMATION, 24B. DATE  BURIAL CREMATION, 24B. DATE  BURIAL CREMATION, 24B. DATE	UTING  O THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  21E. INJURY OCCURRED  While At Not White Work  ded the deceased from an 20 7  ve. (1) (We) (did) (aid not)	20A. AUTOPSY? (Yes or No.)  in or obout 21C, WHERE DID  office bidg., INJURY OCCUR?  21F. HOW DID INJURY  19 and the  view the bady after death.  23D. ADDRESS  24D. LC	OF Staff  Staff  Staff  CERTIFYING CA  (If in 8oltimo  (If in	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion)  19  10  23B. DATE SIGNED  11  23B. DATE SIGNED  11  21  11  12  13  14  15  16  17  17  18  19  19  11  19  10  10  10  10  10  10		

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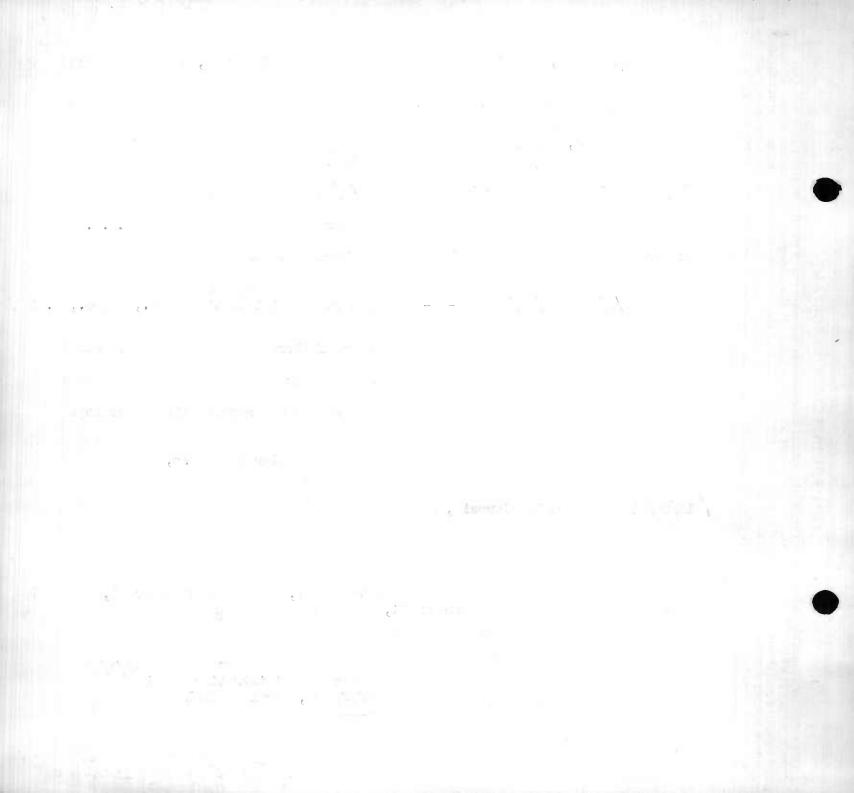
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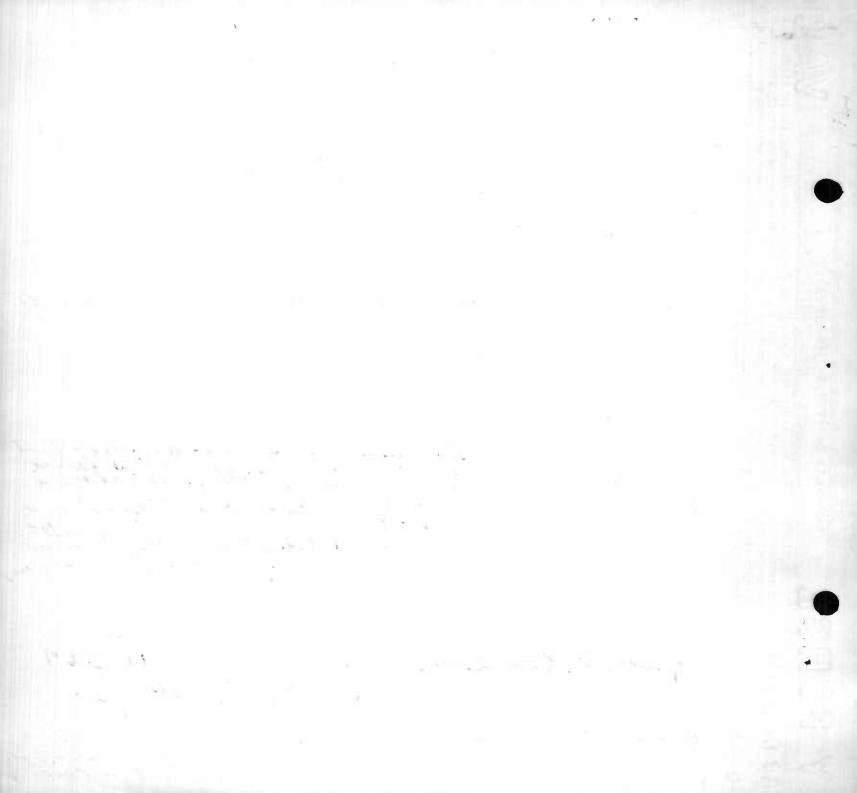
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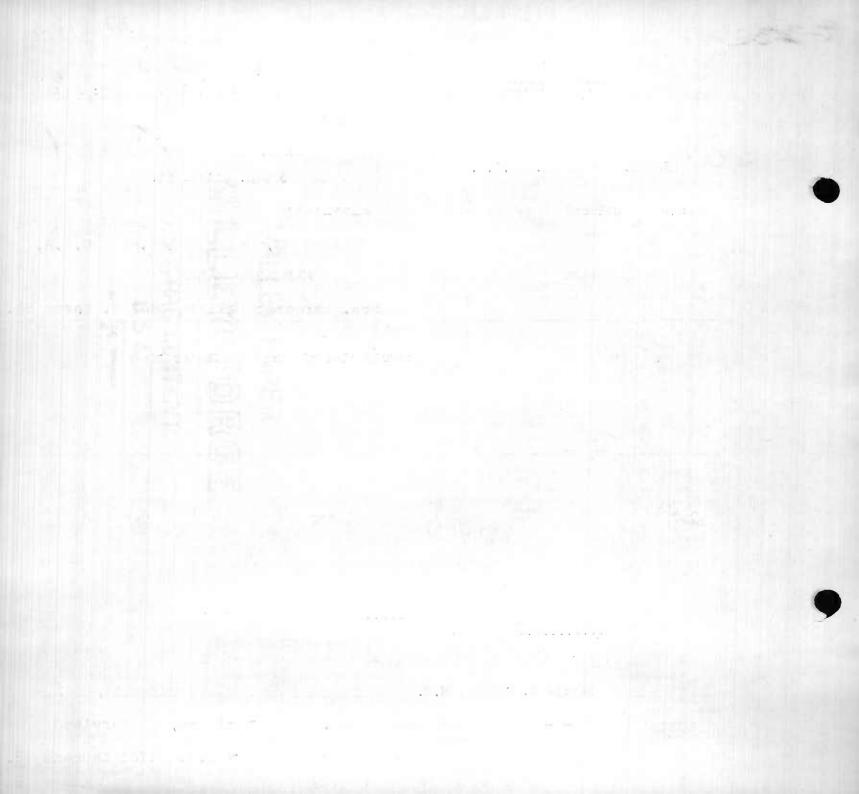
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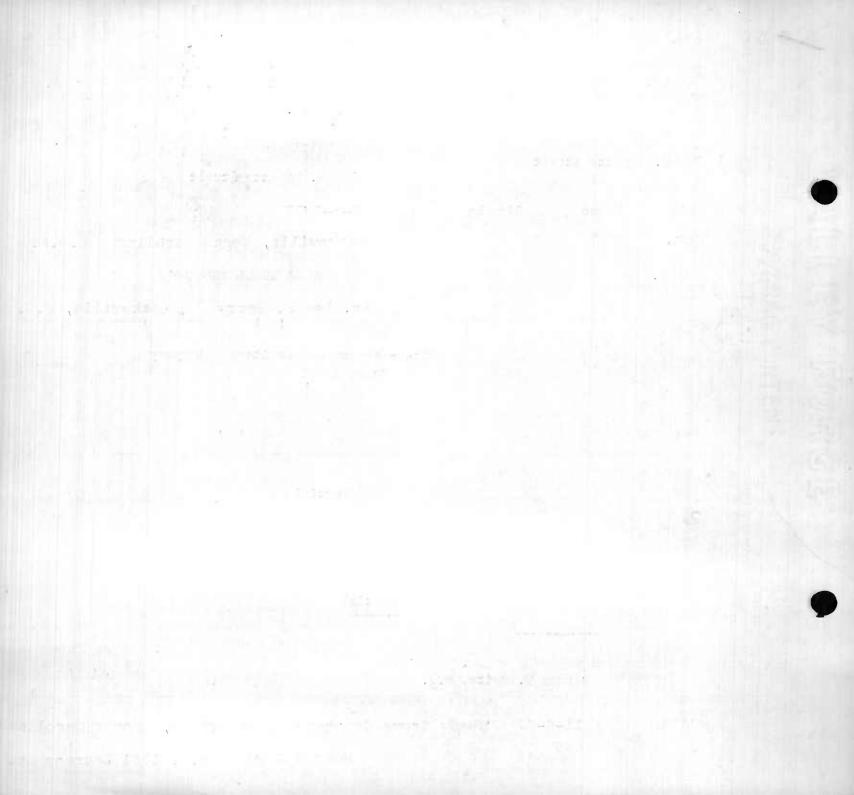
## C- 452 BIRTH NO. 67 10495 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10495

M.E. CASE NO.									
1. NAME OF DECEA	SED				2. DATE AN	D HOUR PRONOUN	CED DEAD		
(1) 01 7 11111	MILDRED (	COLLINS			Octo	ber 30, 19	67	9:45 a	AA.
3. PLACE IN BALTIM			INCED DEAD	4. USUA A. STAT	L RESIDENCE (Where	deceosed lived. If in:	stitution: residen		sion)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	c. CITY	yland or town (If outside	e corporate limits, wri	te RURAL and	give township)	
90 506 N	I. Gilmor St	D.O.	Α.	D. STREE	Baltim T ADDRESS (If rurol,	ore give location)	/ /	-	-
	ozzmez o	2.0.	•••		506	N. Gilmor S	St.		
5. SEX 6. Female	Colored		NEVER MARRIED DIVORCED(specify)	8. DATE (	1-1921	9. AGE (In years lost birthday)	If Under 1 Months Do	Yr. If Under 24 bys Hours Mi	His.
IOA. USUAL OCCUPA done during most of work	ATION (Give kind of wor		BUSINESS OR INDUST	RY 11. BIRTH		n country)		OF COUNTRY? U.S.A	
13. FATHER'S NAME	NI CDBDV	1		14. MOTH	ER'S MAIDEN NAM			U.S.A	•
15. WAS DECEASED (Yes, no or unknown), (If			16. SO CIAL SECURITY NO.	17. INFOR		ET WALLAC	ADDRESS		
(162, no or onknown, in	yes, give wor or dole	a of Selvice)	SECORIT NO.	Mrs.	Margaret	Wallace	302 N	. Carey	St
18.			CAU	SE OF DEA	TH			NTERVAL BETWE	
OTHER SIGNIF	ABOVE CAUSE (A) S CONDITION LAST.  II ICANT CONDITIONS ATH BUT NOT RE	CONTRIBUTII	HE						
19A. DATE OF O	PERATION 198, CON WAS PER		WHICH OPERATION	20A. A	YES	208. IF YES, WERE FIN CERTIFYING CAL			
O UNDERLYING O UTING CAUSE	R CONTRIB-	21 B, home etc.)	PLACE OF INJURY (e.g., form, factory, street,	, in or about office bldg.,	21C. WHERE DID	Of in Baltimore City,	give exact loca	tion)	
21 D TIME (APPROX.)	Month) (Day) (Yea	\	VHILE AT NOT AT	WHILE	21F, HOW DID INJU	JRY OCCUR?			
	that I held an I		Inspection A	The beautiful to the second	Homicide 🗌 📗	is bosis, death in	[]		
ACTUAL SIGNATUR		en>7	-146- M.	D. ASSIST	TEF MEDICAL EX	AMINER X		DATE SIGNED	D
EXAMINE NAME (Ty	pe) Edward		SON, M.D.		ORY 23D. L	00	tober 3		)
BURIAL	11-4-		Mount Aubu			altimore,		ryland	
24A. DATE REC'D BY	N 3 1967	24B. NAME	OF REGISTRAR		FUNERAL DIRECTOR			Laurens	st
VS 151-REV. 1/1/65		1			- 6 1 6	3			=



## 67 10496 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10496

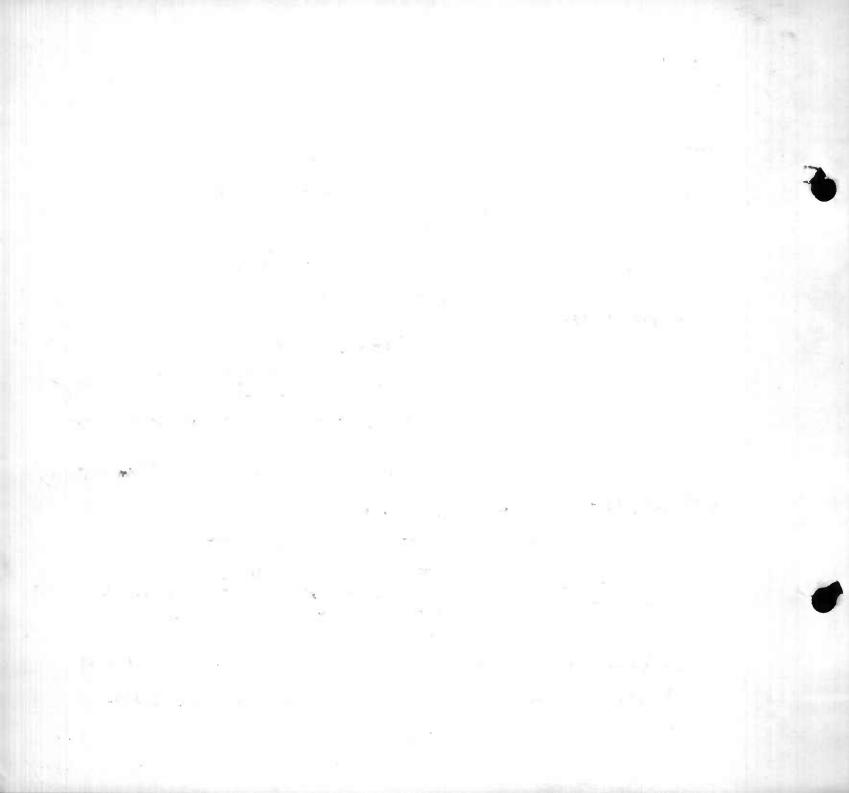
. NAME OF DECEASED			2. DATE AND HOUR PRONC	UNCED DEAD
Type or Print)	CAIMINE	DC	October 31, 1	
WINDIN	SAUNDE	N.D	OCCODEL 51, 1	10:23 A. M.
PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOUNCED DEA	A. STA	JAL RESIDENCE (Where deceased lived.	COUNTY
JLL NAME OF (IF NOT IN HO	SPITAL OR INSTITUTION, GIVE		Maryland	
OSPITAL OR ADDRESS OR LO	OCATION)	C. CIT	Y OR TOWN (If autside carparate limits	, write RURAL and give tamachip)
STITUTION			Baltimore	11 -0 6
700 7		D. CTR	BAILIMOTE REET ADDRESS (If rurol, give locotion)	4
700 W. Fayette Str	reet			8
			00 W. Fayette Street	
SEX 6. RACE	7. MARRIED, NEVER MA		E OF BIRTH 9. AGE (In	years If Undar 1 Yr. If Under 24 Hrs
Mole Noone	WIDOWED, DIVORCED		last birthday	Manths Days Haurs Min.
Male Negro	Single		-2-1927 40	
A. USUAL OCCUPATION (Give kind of	work 108. KIND OF BUSINESS	OR INDUSTRY 11. BIRT	THPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unk most of working life, even if retir	1007	Le	aksville, North C	arolina U.S.A.
FATHER'S NAME			THER'S MAIDEN NAME	
UNK.			ROSA BELL MURR	AY
WAS DECEASED EVER IN U.S. AR			DRMANT	ADDRESS
es, no or unknown) (If yes, give wor or	doles of service:		Lee S. Perry	Leaksville, N.
De .			-	· · · · · · · · · · · · · · · · · · ·
118.		CAUSE OF DE	ATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY			
LEADING TO DE	ATH	Fibro-caseo	us and cavitary pulm	onary
		++++++		
(This does not mean the made heart failure, asthenia, etc. It m	e of dying, e.g.,	XXXXX Tuber	culosis	
injury or complication which cous	sed deoth.)	10001		
ANTECEDENT CAL	USES			
DISCASES OF COMPLETE	(			
DISEASES OF CONDITIONS	IF ANY, GIVING	B)	*** = * * * * * * * * * * * * * * * * *	
DISEASES OR CONDITIONS,	A) STATING THE	B)DUE TO	••••••••••••	
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	A) STATING THE AST.			
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	A) STATING THE AST.	B)		
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	A) STATING THE AST.			
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	A) STATING THE AST. (C			
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	A) STATING THE AST. (C  ONS CONTRIBUTING RELATED TO THE			
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	A) STATING THE AST. (C  DNS CONTRIBUTING RELATED TO THE SING IT.	2)	Partial	
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	ONS CONTRIBUTING RELATED TO THE SING IT. CONDITION FOR WHICH OPE	2)	AUTOPSY? (Yes or Na) 208. IF YES, W	
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	A) STATING THE AST. (C  DNS CONTRIBUTING RELATED TO THE SING IT.	2)	AUTOPSY? (Yes or No.) 20B. IF YES, WIN CERTIFYING	CAUSES OF DEATH?
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	A) STATING THE AST.  CONS CONTRIBUTING  RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED	ERATION 20A.	Yes Yes or No. 208. IF YES, WIN CERTIFYING	CAUSES OF DEATH? Yes
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	A) STATING THE AST.  CONS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF home, farm, foc	ERATION 20A.	AUTOPSY? (Yes or No.) 208, IF YES, WIN CERTIFYING YES  aut 21C, WHERE DID (If in Boltimore C	CAUSES OF DEATH? Yes
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	A) STATING THE AST.  CONS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED  [218. PLACE OF	ERATION 20A.	AUTOPSY? (Yes or No.) 208, IF YES, WIN CERTIFYING YES  aut 21C, WHERE DID (If in Boltimore C	CAUSES OF DEATH? Yes
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION LA TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF OPERATION 198. WAS 21 A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIBUTING CAUSE OF DEATH.	A) STATING THE AST.  CONS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF I home, farm, foc	ERATION 20A. INJURY (e.g., in or obtory, street, office bld	Yes  Quil 21C, WHERE DID (If in Boltimore County) INJURY OCCUR?	CAUSES OF DEATH? Yes
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA II)  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU  19A. DATE OF OPERATION 19B. WAS  21A. EXTERNAL CAUSE WAS UNDERLYING AOR CONTRIBUTING TO CAUSE OF DEATH.	A) STATING THE AST.  CONS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF home, farm, foc	ERATION 20A. INJURY (e.g., in or obtory, street, office bld	AUTOPSY? (Yes or No.) 208, IF YES, WIN CERTIFYING YES  aut 21C, WHERE DID (If in Boltimore C	CAUSES OF DEATH? Yes
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RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA INTERPRETATION	A) STATING THE AST.  CONS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF I home, farm, foc etc.  (Year) (Hour)  27E. INJURY WHILE AT Inspecti	ERATION 20A.  INJURY (e.g., in or oblinory, street, office bld  OCCURRED  NOT WHILE AT WORK  Partia Autopsy	Yes  Ves  Un CERTIFYING  Yes  Out 21C, WHERE DID (If in Boltimore Clay, INJURY OCCUR?)  21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH? Yes ity, give exact location)
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING ROPERATION 198. Cause of contributing Cause of Death.  21 A. EXTERNAL CAUSE WAS UNDERLYING ROPERATION (Doy) (APPROX.)  22.   Certify that I held on	A) STATING THE AST.  CONS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF I home, farm, foc etc.  (Year) (Hour)  27E. INJURY WHILE AT Inspecti	ERATION 20A.  INJURY (e.g., in or obitory, street, office bld  OCCURRED  NOT WHILE AT WORK  Partia Autopsyk  Suicide	Yes  216. WHERE DID (If in Baltimore Constitution of the constitut	CAUSES OF DEATH? Yes ity, give exact locotion)
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION LA DISEASE OR CONDITION CAUSE OF OPERATION 198.  21 A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH.  21 D. TIME (Month) (Doy) OF INJURY (APPROX.)  22.   Certify that I held on resulted fram: Natural	A) STATING THE AST.  CONS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF I home, farm, foc etc.  (Year) (Hour)  27E. INJURY WHILE AT Inspecti	ERATION 20A.  INJURY (e.g., in or obtory, street, office blocourred  OCCURRED  NOT WHILE AT WORK  Partia Autopsy  Suicide	Yes  Out 21C. WHERE DID (If in Baltimore Classes)  21F. HOW DID INJURY OCCUR?  and that on this basis, deat  Hamicide Undetermined  CHIEF MEDICAL EXAMINER	CAUSES OF DEATH? Yes ity, give exact locotion)
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RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION LA CONDITION CAUSE OF CAUSE OF CONDITION CAUSE OF CAUSE WAS UNDERLYING FOR CONTRIBUTION CAUSE OF DEATH.  21.A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTION CAUSE OF DEATH.  21.D. TIME (Month) (Doy) (APPROX.)  22.  1 certify that I held on resulted fram: Natural SIGNATURE EXAMINER'S NAME (Type)	A) STATING THE AST.  CONS CONTRIBUTING RELATED TO THE SING IT. CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF home, farm, foc etc.)  (Year) (Hour) 21E. INJURY WHILE AT WORK  Inquiry Inspecti I causes X Accident The Control of the	OCCURRED  NOT WHILE AT WORK  Partia  On Autopsy  M.D. ASSIS  ASSOC	AUTOPSY? (Yes or No) 208, IF YES, WIN CERTIFYING Yes  OUT 21C, WHERE DID (If in Baltimore Constitution of the Baltimore Consti	causes of death? Yes  Tity, give exact locotion)  In In my apinion  manner  DATE SIGNED  10/31/67
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION CAU:  19A. DATE OF OPERATION 198. (WAS UNDERLYING CONTRIBUTION CAUSE OF DEATH.)  21A. EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTION (APPROX.)  21. Certify that I held on resulted fram: Natural SIGNATURE EXAMINER'S Wern	A) STATING THE AST.  CONS CONTRIBUTING RELATED TO THE SING IT. CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF home, farm, foc etc.)  (Year) (Hour) 21E. INJURY WHILE AT WORK  Inquiry Inspecti I causes X Accident The Control of the	ERATION 20A.  INJURY (e.g., in or obtory, street, office bld  OCCURRED  NOT WHILE AT WORK  Partia Autopsy  Suicide  M.D. ASSIS	AUTOPSY? (Yes or No) 208, IF YES, WIN CERTIFYING Yes  OUT 21C. WHERE DID (If in Baltimore Color)  21F. HOW DID INJURY OCCUR?  and that on this basis, deat Hamicide Undetermined CHIEF MEDICAL EXAMINER TANT MEDICAL EXAMINER	CAUSES OF DEATH? Yes  ity, give exact locotion)  h in my apinian manner  DATE SIGNED
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION LA TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF DEATH OF THE DEATH OF THE DISEASE OR CONDITION CAUSE WAS UNDERLYING FOR CONTRIBUTION CAUSE OF DEATH.  21D TIME (Month) (Doy) OF INJURY (APPROX.)  22. I certify that I held on resulted fram: Natural SIGNATURE EXAMINER'S WE'LL SIGNATURE EXAMINER'S WE'LL SIGNATURE EXAMINER'S WE'LL SIGNATURE EXAMINER'S WE'LL SIGNATURE (Type)  3A. BURIAL CREMATION, 23B. DATEMOVAL (Specify)	A) STATING THE  AST.  CONS CONTRIBUTING  RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF home, form, foc etc.)  (Yeor) (Hour) 21E. INJURY  WHILE AT WORK  Inquiry Inspecti 1 causes X  Accident  Accident  Der U. Spitz, M.  E. 23C. NAME of	ERATION 20A.  INJURY (e.g., in or obtory, street, office bid of the street, office bid of the street, office bid on At work on Autopsy & Suicide At work on Assis & Associate Cemetery or Crem	AUTOPSY? (Yes or No.) 20B. IF YES, W. IN CERTIFYING Yes  21 C. WHERE DID (If in Boltimore Control of the Boltimore Contro	CAUSES OF DEATH? Yes  City, give exact locotion)  h In my apinian manner  DATE SIGNED  10/31/67  (City, town, or county) (Stote)
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION CAUSE OF OPERATION 198. (2) 1.A. EXTERNAL CAUSE WAS UNDERLYING (ACTUAL SIGNATURE EXAMINER'S NAME (Type)  1.A. BURIAL CREMATION, 23B. DATEMOVAL (Specify)  BURIAL 11-	A) STATING THE  AST.  CONS CONTRIBUTING  RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF home, form, for etc.)  (Year) (Hour) 21E. INJURY  WHILE AT WORK  Inquiry Inspectifications  1 causes X  Accident  Accident  Accident  Accident  Splitz, M.  E 28C. NAME of	ERATION 20A.  INJURY (e.g., in or obtory, street, office bid of the street, office bid of the street, office bid on Autopsy & Suicide M.D. ASSIS  M.D. ASSIS  CEMETERY or CREM	AUTOPSY? (Yes or No) 20B. IF YES, W. Yes  21 C. WHERE DID (If in Boltimore Constitution of the B	causes of death? Yes  ity, give exact locotion)  h in my apinian manner  DATE SIGNED  10/31/67  (City, town, ar county)  (Stote)  le, North Carol:
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION LA DISEASE OR CONDITION CAUSE OF CONDITION CAUSE OF CONTRIBUTION (A CAUSE WAS UNDERLYING FOR CONTRIBUTION (APPROX.)  21.A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTION (APPROX.)  22.   Certify that I held on resulted fram: Natural SIGNATURE EXAMINER'S Werr A. BURIAL CREMATION, 23B. DATE MOVAL (Specify)  A. DATE REC'D BY HEALTH DEPT.	A) STATING THE  AST.  CONS CONTRIBUTING  RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF home, form, foc etc.)  (Year) (Hour) 21E. INJURY WHILE AT WORK  Inquiry Inspecti I causes X  Accident  Accident  1 Causes X  Accident  248. NAME OF REGISTR	ERATION 20A.  INJURY (e.g., in or obtory, street, office bid of the bid of th	AUTOPSY? (Yes or No.) 20B. IF YES, W. IN CERTIFYING Yes  21 C. WHERE DID (If in Boltimore Control of the Boltimore Contro	CAUSES OF DEATH? Yes  City, give exact location)  h In my apinlan manner  DATE SIGNED  10/31/67  (City, town, ar county) (Stote)
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION CAUSE OF CONDITION CAUSE OF OPERATION 198. WAS 199. CAUSE OF OPERATION 198. WAS 199. CAUSE OF DEATH.  21 A. EXTERNAL CAUSE WAS 199. CAUSE OF DEATH.  21 D TIME (Month) (Doy) (APPROX.)  22. I certify that I held on resulted fram: Natural ACTUAL SIGNATURE EXAMINER'S NAME (Type)  A. BURIAL CREMATION, 23B. DATIMOVAL (Specify)  BURIAL 11-	A) STATING THE AST.  CONS CONTRIBUTING RELATED TO THE SING IT.  CONDITION FOR WHICH OPE PERFORMED  21B. PLACE OF home, form, for etc.)  (Year) (Hour) 21E. INJURY WHILE AT WORK  Inquiry Inspecti I causes X Accident  1 causes X Accident  24B. NAME OF REGISTR	CONTRED  NOT WHILE AT WORK  OCCURRED  NOT WHILE AT WORK  ON ASSIS  ASSOCIATED  AUTOPSYN  COMM.D. ASSIS  COMMETERY OF CREM  Grove Cereman	AUTOPSY? (Yes or No) 20B. IF YES, W. Yes  21 C. WHERE DID (If in Boltimore Constitution of the B	causes of DEATH? Yes  ity, give exact location)  h in my apinian manner  DATE SIGNED  10/31/67  (City, town, ar caunty) (State)  Le, North Carol: ADDRESS



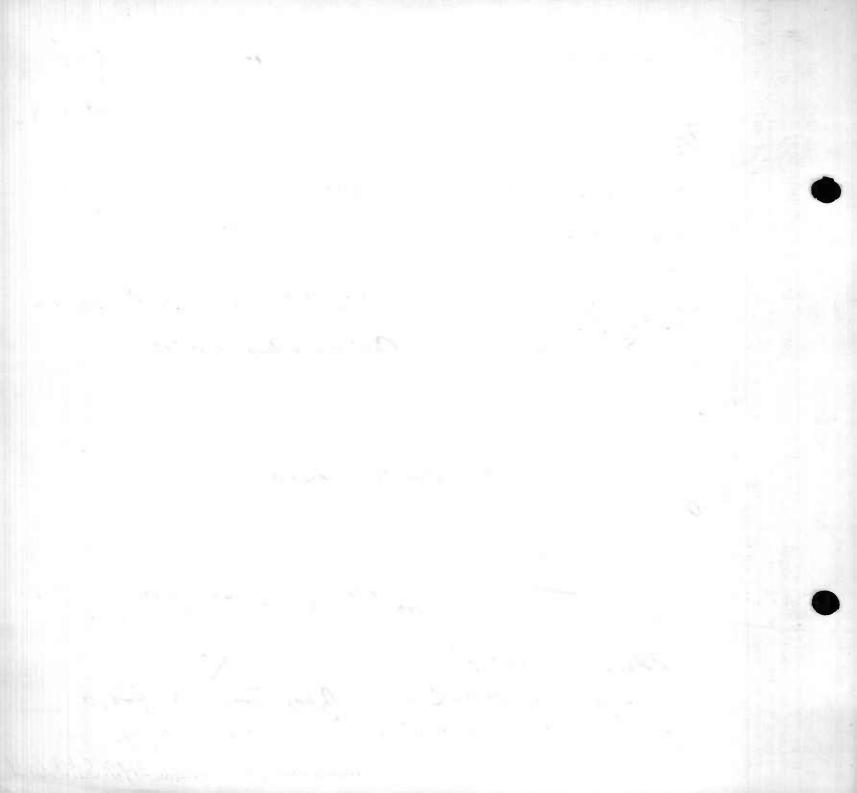
	. CASE NO. AME OF DECEASED		02.00	TE OF DEATH	ND HOUR OF DEATH	4
		REDERICK	QUINTUS	" ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	TOBER 27,	1967 8:15 P
F	ULL NAME OF (If not in hospite oddress or local National Veterans Adm. 3900 Loch Ra Baltimore, M.	ol or institution, in inistrat; inistrat; ven Bl <b>vd</b>	ion Hospital	Maryland Carr c. city or town (If o	oll Co	RURAL and give township)
. S			NEVER MARRIED	Route 2	9. AGE (In years	If Under 1 Yr If Under 24 Hr
	ale White		DIVORCED (specify)	9/22/02	lost birthday)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of we during most of working life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Machine Designer Unknown			Texas		U.S.A.	
3. [	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
	elix Q. Rast			Bessie Black		
5. V Yes,	Vas Deceased Ever in U. S. Armed F ,no or unknown) (If yes, give wor or do Yes 7/1/18 to 5/	orces? otes of service)	16. SOCIAL SECURITY NO. 096-01-5426		cords	ADDRESS
	18. 1	2/17		Veterans Admin	istration H	osp., Balto., Md.212
	DISEASE OR CONDITION CLEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which couse ANTECEDENT CAUSI DISEASES OR CONDITIONS, it rise to the above cause (AUNDERLYING CONDITION tost.	H of dying, e.g., ns the disease, ed death.) ES any, giving		inoma of nas•pha Lving base of sl		6Months
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	LATED TO TH	Broncho	pneumonia	lo) 208. IF YES, WERE	FINDINGS CONSIDERED
ICATIO	DISEASE OR CONDITION CAUSING	NDITION FOR	WHICH OPERATION	2011 MO [O13] : 1103 O1 1		
ERTIFIC	19A. DATE OF OPERATION 19B. CO	ONDITION FOR VERFORMED		Yes		AUSES OF DEATH?
AL CERTIFIC	DISEASE OR CONDITION CAUSING	ONDITION FOR A	PLACE OF INJURY (e.g., i.e., farm, foctory, street, o			AUSES OF DEATH?
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING  19 A. DATE OF OPERATION 19 B. CC WAS PI  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	PNDITION FOR VERFORMED  21B. hometc.	PLACE OF INJURY (e.g., i e, form, foctory, street, o INJURY OCCURRED	Yes in or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?	(If in Boltime	ore City, give exoct location)
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)  22. I certify that (**) (this hospit that (**) (we) last saw the decea and haur and fram the causes st	218, hom etc., ii) (Hour) 21E, Whi wo	PLACE OF INJURY (e.g., ie, form, foctory, street, o	Yes  n or obout 21C. WHERE DID  ffice bidg., NJURY OCCUR?  21F. HOW DID IN  Le	(If in Boltime	ober 27, 19 67
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)  22. I certify that (**) (this hospit that (**) (we) last saw the decea and haur and from the causes st 23A. SIGNATURE	218, hom etc., ii) (Hour) 21E, Whi wo	PLACE OF INJURY (e.g., ic., form, foctory, street, of the foctory, of the foct	Yes In or about 21C. WHERE DID Iffice bidg., INJURY OCCUR?  21F. HOW DID IN  Is	(If in Boltime	ore City, give exact location)
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)  22. I certify that (**) (this hospit that (**) (we) last saw the decea and haur and fram the causes st	218, hometc., which all attended the sed alive an attended above.	PLACE OF INJURY (e.g., i.e., form, foctory, street, o  INJURY OCCURRED  the At Not While At Work  OCTOBER 27,  (We) (did) (DECAME)	Yes  In or obout 21C, WHERE DID  Iffice bidg., NJURY OCCUR?  21F. HOW DID IN  Is	(If in Boltime	ober 27, 19 57  John an death accurred an the december 238, DATE SIGNED

1 1 d a a a . er werten geste in de la generale de la company de la comp 22.0 The same of the sa الله المناه المناه المناه 21.11.... PELLIVIELI

BALTIMORE C	CITY HEALTH DEPARTMENT
BIRTH NO. 67 10498 CERTIFIC	CATE OF DEATH Registered No. 67 1049
THIS CASE NO.	
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Albert Barrett	11/2/67   5:12 8
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before of
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	Maryland Baltimore
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, with RURAL and give lownship)
	Baltimore
The Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give location)
	1601 Enwagkson Dings
	1601 Eareckson Place
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr., If Under lost birthday)  Months: Days Hours
Male Negro	8-18-10 57
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	
done during most of working life, even if retired)	WHAT COUNTRY?
PRESSER VALMA-CLEANE	RS N.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	7.7.
Albert Barrett	Emma talon
5. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (It yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Yes, no or unknown) (It yes, give wor or dotes of service) SECURITY NO.	in cil alla marke 1/1/2 inte Di
110	O CILIHIA MOORE 1601 EARCHSON PL
18, CAUSI	E OF DEATH INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY	•
LEADING TO DEATH	ardiae standard immed.
time does not mean me mode of dying, e.g.,	N
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	entering changes assoc.
injuly of complication which caused beom,	plemiz changes assoc. 21 day
ANTECEDENT CAUSES  (B)  DUE TO	
DISEASES OR CONDITIONS, if any, giving	inforated duosenal when >1 day
rise to the above cause (A) stating the (C)	Horared anoders when I day
UNDERLYING CONDITION lost.	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0 11
TO THE DEATH BUT NOT RELATED TO THE CONCLUS	ema ) Hoord mouth Emetastasi
U 194 DATE OF OPERATION 1198 CONDITION FOR WHICH OFFRATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
19/20/67 11/1/67 WAS PERFORMED Performed Car floor of mouth duced	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY CO.	i.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street	et, office bldg., INJURY OCCUR?
DEATH (notify medical examined No etc.)	Nona,
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At - Not \	While T
(APPROX.) None Work O At W	
22. I certify that (1) (this hospita) attended the deceased fram	Sept. 24 19 67 10 hov. 2 19
that (I) (we) lost saw the deceased alive on NOV.2	
and hour and from the causes stated above. (1) (We) (did) (did no	ot) view the body ofter death.
23A_SIGNATURE	238. DATE SIGNED
Share I am M.D.	Attending Med. Stoff
Suraya Lawy MI)	Phys. Director Phys. M
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	A.D. Jah Marker Marker Andrew
DOTITION CHINS	agains Hobining mostitud Bones & were
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county)
BURIA! 11-6-14 NAT A. D.	and Antimore M
NUMBER	WY DANIME /XIQI
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 3 1967 Relse & tarbent	
140 1 0 1001 (1 V No. 1) 5 1 Consess.	MISERY BALLOWIN 110.77 N KRANAN



67 10400	BALTIMORE CITY H	EALTH DEPARTMENT		67 10499
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type or Prail Frank Wiggins		10	13,167	15:15A
PLACE OF DEATH IN BALTIMORE, MARYLAND				nstitution: residence before admis
				20.00
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location)		Maryland	Battin	
INSTITUTION		Baltimore		10000
33	ī		urol, give location)	1000
he Johns Hopkins Hospital		1407 Ashl	and Ave.	
SEX   6. RACE   7. MARRIED, NE		DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours M
Male Negro Widowe	DIVORCED (specify)	1/15/07	ost birthdoy)	Months Doys Hours M
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BL				12. CITIZEN OF
one dyring most of working life, even if retired)			Voc.	WHAT COUNTRY?
LONGSHOPE MON	1	. MOTHER'S MAIDEN NAM	1000	
MENTINE S INVINE	14	WOLLEY WAIDER HAN		
Charlie Wiggins		Lena Boon	ne	
(es, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	INFORMANT	X J I I I	ADDRESS
No s	212-04-39AN	ChARHOS (T. WIG	38/N3 112	5 Hanlam Ave
18. // / / / / / / / / / / / / / / / / /	CAUSE OF	DEATH	0,00	INIEKA WE BELANEELA
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	in Can	cinoma of france	. Oot Cu	el
(This does not mean the mode of dying, e.g.,	DUE TO	- fp	7	
heort failure, osthenia, etc. It means the disease, injury or complication which coused deoth.)				
ANTECEDENT CAUSES	(B)	**************************************		
DISEASES OR CONDITIONS, if ony, giving	DUE TO			
rise to the obove cause (A) stofing the	(C)	000000000000000000000000000000000000000		
UNDERLYING CONDITION Iosi.				
Z CONTRIVITING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pulm. Ho	Kee out		
DISEASE OR CONDITION CAUSING IT.		120A. AUTOPSY? (Yes or No)	208. IF YES WEDE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	TOT OTERATION	No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e,g., in		(If in Boltimo	re City, give exact location)
	lorm, foctory, street, offic	e bldg., fNJURY OCCUR?		
Decr., Monly medical examiner				
OF INJURY	NJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
(APPROX.) While Work	At Work			
22. 1 certify that (1) (this haspital) attended the	deceased from 10	// 1	9 67 to 1	19 6
	10/30	2.00		inian deoth occurred on the
that (I) (we) lost saw the deceased alive an			or intimy, tour, op	wings death occurse on the
ond haur and from the couses stated above. (1) (	We) (did) (did not) vie	w the body after death.		DOE DATE CONTENT
23A. SIGNATURE	/	ding - AAad -	Stoff No.	23B, DATE SIGNED
Donny M. Dlans	M.D. Allend		Stoff Phys.	
23C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS	1 11	2/
HENRY R. BLA	401 M.D.	Chihns 9	Hopkins	A010
24A. BURIAL CREMATION, 24B. DATE / 24C. NAM	AE OF CEMETERY OF CREM	VIV -	OCATION /	City, town, or county) (Ste
REMOVAL (Specify)	Autoria	Mana 1	24/1	(M)
104/11967 11/4/1967 11/1.	auvum	CLIVIO K	allo.	ADDRESS
NOV 3 1967 P. O	REGISTRAK	25C. FUNERAL DIRECTOR	11/1/1/	Quanto Alless
401 0 1301 ACTOR	E, Tanvey Ton	VILLYLOUNG TA	UNUNAU HOM	11 314 11. SAKBIN



PLACE OF	O. DECEASED  Louis Joseph ( DEATH IN BALTIMORE MA	raber	0 CERTIFICA	2. DA	TE AND HOUR OF DEAT	H & A institution; residence before admission
FULL NAM	NE OF (If not in hospital	ar institution,	give street	A. STATE B. Marylan	COUNTY	
INSTITUTIO	on Hill Nursing			Baltimos D. STREET ADDRESS		e RURAL ond give within O
SEX Male	6. RACE Caucasian	Marri		B. DATE OF BIRTH 1-18-98	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	CCUPATION (Give kind of works of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	Maryland	ai foreign country)	12. CITIZEN OF WHAT COUNTRY?
Adam G	raber			Annie Hemle		
es, no ai unkn	osed Ever in U. S. Armed Fai nown) (If yes, give was as date WW1.	ces? s of service)	16. SOCIAL SECURITY NO. 215-07-9470	Helen Grabe	r, 3107 Kentu	address
(This doe heart foil injury ar	EASE OR CONDITION DIF LEADING TO DEATH es not meon the mode of use, asthenio, etc. It meons complication which caused ANTECEDENT CAUSES S OR CONDITIONS, if the obove cause (A) YING CONDITION last.	dying, e.g., the diseose, death.)	(A) DUE TO  (B) DUE TO	Cerepeal (	Decident DAC, V.D.	10 yn-
TO THE	IGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO TH	1 Pre	umonita		2da.
	OF OPERATION 198. CON	FORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes		RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACC	IDENT WAS UNDERLYING RIBUTING CAUSE OF	hom	PLACE OF INJURY (e.g., in e. faim, factory, street, af			nare City, give exact location)
21A. ACC OR CONT DEATH (n	IDENT WAS UNDERLYING RIBUTING CAUSE OF cotify medical examines (Manth) (Day) (Year)	(Haur) 21 E.	e, faim, factory, street, of  INJURY OCCURRED  le At Not While	ffice bldg., INJURY OCCI		rare City, give exact location
21A. ACC OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.) 22. I certhat (l) (	tify that (1) (this hospital we) last saw the decease and from the cause state.	(Haur) 21E. Wh. Wa ) attended tild alive an	INJURY OCCURRED  IN OF While At Work  the deceased from  (We) (dld) (did not) v	21F. HOW DI	D INJURY OCCUR?  19 65 to and that in (my) (our) a cath.	23B, DATE SIGNED
21A. ACC OR CONT DEATH (n TID. TIME (APPROX.) 22. I certhot (I) ( ond hour 23A. SIGN	ident was underlying cause of relief medical exemines (Manth) (Day) (Year)  Y  tify that (I) (this hospital we) last saw the decease and from the causes state of the cause state of the	(Haur) 21E. Wh. Wa ) attended to dalive an red above. (I	e. fam, factary, street, of  INJURY OCCURRED  Ile At Not While At Work  the deceased fram  Oran  (We) (dld) (did not) v  M.D. Atte	21 F. HOW DI e 21 F. HOW DI e 19 k7  riew the body ofter de s. 23 D. ADDRESS 3105	D INJURY OCCUR?	pinion death occurred on the d

THE TOTAL CONTRACT OF ACT To a supply the same of the sa Thereward A Co. Co. May my The transfer of the sample of the THE RESERVE THE PARTY OF THE PROPERTY OF THE PARTY OF THE become promisely track as easy for the left follows un couch fill yanger unitation"